

Contracted Schedule Form

- New Client
- Modifying Schedule

Children Enrolled

Date of Birth

Days:

Hours:

Full-time Part-time

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

- Schedule is set
- Schedule varies
- Schedule for the upcoming week will be provided along with payment

Rate: \$_____ per week

Additional hours added will be billed at: \$_____ per 30 minutes

Payment is due weekly on _____ no later than ____ a.m./p.m.

~Contracted Schedules~

- *All Full and Part-time families are required to adhere to their contracted schedules.
- *Late arrivals do not allow for late pick-ups.
- *Clients are required to adhere to their contracted schedule.
- *Any drop-offs before or pick-ups after your scheduled times will be billed accordingly.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____