Kidzone

CHILD CARE CONTRACT

My/our child_____/_____ is enrolled at Kidzone.
Name *Birthdate*

My/our child_____/_____ is enrolled at Kidzone.
Name *Birthdate*

I/we agree to pay the Contract Total shown

WEEKLY SCHEDULE	M	T	W	TH	F	Time: _____to ____
	M	T	W	TH	F	Time: _____to ____

1. A non-refundable enrollment fee of $50.00 will be assessed to newly enrolled children at the time this contract is signed.
2. Payment will be made in advance, every other Monday by 6:00pm. Charges for additional care will be billed on the next billing cycle.
3. A late fee for unpaid balances will be 10% of what is owed bi-weekly.
4. Payment is due regardless of a child's absence for any reason. (These include children's illnesses, family illness, vacations, doctor's appointments, parent days off work, and Holiday closings etc.).
5. Every family that has their child in full time with 5 days per week using 30-39 hours per week will receive 5 No pay days per school calendar year. Every family that has their child in full time with 5 days per week using 40+ hours per week will receive 10 No pay days per school calendar year. You must request these no pay days that you want to use in advance by giving a two weeks request in writing to the director in her inbox.
6. Child care will be provided year round, Monday through Friday, 6:00 a.m. – 6:00 p.m., with the following exceptions when the center will be closed:

Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Break (Thanksgiving including the day before and after), Christmas Break (Christmas and the week following)

7. Additional fees will be charged for children left in our care after the stated closing time, contract changes, and for insufficient funds checks will be billed on next scheduled billing cycle.
8. We ask everyone to use our current preferred method of payment which is Tuition Express through your checking account or credit card to pay your tuition bi-weekly. If you choose not to use this service, you will be charged $2.50 administration fee bi-weekly for handling fees to process by hand.
9. Other alternatives are payments by DHS anything that is not paid by DHS all families are responsible.
10. I/we understand that this contract is binding regardless of changes in center staff, programming, or facility renovation.
11. I/we understand that care may be terminated with (14) days written notice from either party.
12. Kidzone may close for situations beyond our control, (for example: snow, ice flood, electrical/heat, etc.) Fees will not be reimbursed for these days. The Center will be closed if Lake Michigan College is closed due to weather.
13. By signing this contract, I agree that I have read the Family Handbook and will abide by all policies and procedures therein. You can gain a copy of the handbook online at www.kidzoneonline.com.
14. Kidzone Preschool and Childcare, LLC will do a credit check upon the enrollment application being filled out. You must provide your Drivers Licenses number as well as your social security number to enroll your child. Kidzone will report all delinquent accounts to Provider Watch. All delinquent accounts will have legal action taken on them within 30 days of an outstanding bill.
15. I agree to let my child's picture and information be posted in the Kidzone Newsletter and all other Kidzone flyers and literature, including the Kidzone website.

I agree to pay the following amount for childcare services rendered by Kidzone Preschool and Childcare, LLC.
Total Biweekly Payment_____

I understand that this total does not include any extra services I may add and that my bill will be adjusted to reflect any additional charges that I may accrue.

Total Fees:
Enrollment Fee $50.00 per family, Annual Enrollment FeeYearly,$25.00 flat fee per family, Tuition Late Fee 10%, Administration fee $2.50 bi-weekly, Late Pick-up Fee $1.00 per minute, NSF Check Fee $20.00

_____/_____ /_____/_____
Parent Signature SS# DL# Date

Director Signature _____/_____