

# VERNON CHILD DEVELOPMENT CENTER CHILD CARE CONTRACT



Attendance Schedule - Please indicate hours (ie. 8am-4:30pm) of attendance for each day scheduled.

A minimum two-day per week commitment is required.

NAME OF CHILD	AGE	MON	TUE	WED	THU	FRI

Total Weekly Tuition \_\_\_\_\_

- Full Time (*five days per week*)
- Part Time Fixed Schedule (*The same 2-4 days per week*)
- Part Time Variable Schedule (*2-4 varying days per week*)
- Half Day (*6 hours or less; for children over 2 only*)

I have reviewed Vernon Child Development Center's 2020 Childcare Handbook and agree to all the policies written.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Parent's name \_\_\_\_\_ Contact Number \_\_\_\_\_