

**VERNON CHILD DEVELOPMENT CENTER
SCHOOL- AGE/KINDERGARTEN PROGRAM CONTRACT**



(2-day per week minimum commitment)

Please indicate hours of attendance for each day scheduled.

Start Date: _____

NAME OF CHILD	GRADE	MON	TUE	WED	THU	FRI

PROGRAM CHOICE - *Please check (x) all that apply*

At Vernon Child Development Center
(To and/or from Big Bend School, St. Joseph, Christ Lutheran)

before school after school

Total Weekly Tuition _____

I have reviewed Vernon Child Development Center's Childcare 2020 Handbook for Parents and agree to all the terms set forth.

I agree that I am responsible for notifying VCDC by written note when/if my child will attend any program on early release/dismissal days if these days fall outside his/her regularly scheduled days.

Signature

Date

Parent's Name: _____

Address: _____

Home telephone: _____ Work telephone _____