



1001 E Geneva St, Delavan, WI - P:262-725-7743 - F: 262-725-7741 - LCLC.Delavan@gmail.com

Financial Contract

There is a \$60 child or \$80 family registration fee.

(The registration fee will be added to your child's tuition)

Parent/Guardians Name: _____ Date: _____

Address: _____

Phone #: Parent 1 _____ Phone #: Parent 2 _____

E-Mail: _____

Start Date: _____

Days attending: Please fill out the table below with days attending and times of pick up and drop off. We have a 3-day minimum.

***If any of your children will be attending the wraparound program through Delavan Darien School District, please specify which school.**

Child's Name	School Attending	DOB	Monday	Tuesday	Wednesday	Thursday	Friday
Example Child		05/04/22	8-4	7-3	8-4	8-4	X
Example Child 2	Turtle Creek	06/01/18	6am/5pm	X	X/5pm	7am/5pm	7am/5pm

NOTE* Please put the time you will be dropping off and picking up. If drop off is earlier or pick up is later than times on this form – fees will apply.

- ☐ My child will eat a hot lunch provided by Little Comets, please charge my account \$4.50 daily.
- ☐ I will provide a cold lunch for my child that will consist of protein, fruit, vegetable, and a grain per state regulations.

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OFFICE USE ONLY

Weekly Tuition is _____

PLEASE INITIAL:

_____ I understand that if I forget to pack a cold lunch for my child, I will be charged \$7.00 per day for the last-minute notice. Or if I call the center ahead of time, or inform directors the morning of, I will be charged \$4.50 for the hot lunch.

_____ I am aware that if I am late picking up my child there will be a \$15 charge for each 15-minute increment.

_____ I am aware that if I drop off my child early there will be a \$15 charge for each 15-minute increment.

_____ I understand that vacation days are a benefit and can be withheld if my account is outstanding or if I need to turn in important paperwork for my child's record.

_____ I understand that if I wish to terminate my care, I must give a two-week notice, and vacation days may not be used for my notice.

_____ I understand that I am responsible for bringing my child's supplies such as diapers, wipes, formula, etc. If I fail to do so I will be charged a convenience fee for these items.

_____ I understand that I am responsible for laundering my child's **sleeping bag** weekly, failure to do so will lead to a laundering fee of \$15/day.

_____ I understand that my tuition needs to be paid on Thursday for the week ahead. If tuition is not received by Thursday a \$25 weekly late fee will automatically be added to my account.

_____ I understand that if I wish to use a credit card for payment, I will be charged 3% per transaction.

_____ I understand that I must pay tuition regardless of the attendance. If my child is scheduled to attend and I keep my child at home, I am still responsible for tuition.

_____ I understand that if I signed up for half days, those hours are between 6:30am and 2:30pm, if I am late picking up, I will be billed for the full day.

_____ I understand that if my child is scheduled to be here until 5:30pm and I am late picking up, I will be charged a double late fee. One for late pick up and one for pick up after hours.

_____ I understand that if my child is scheduled to attend on a Holiday the center is closed, I still pay for the Holiday.

I fully read and understand all of Little Comets Learning Center's policies. I am aware of what my financial liability will be with Little Comets Learning Center and agree to stand by my contract and to follow all policies.

Parent/Guardian Signature

Parent/Guardian DOB

Date