



Financial Contract

1001 Geneva St - Delavan WI - P:262-725-7743 - F: 262-725-7741

E-MAIL: LCLC.Delavan@gmail.com

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. My child will attend half days _____ or my child will attend full days _____.

***If any of your children will be attending school within the Delavan-Darien School District and will need wraparound care, please list their information on the 2nd table below.**

Child's Name	DOB	Monday	Tuesday	Wednesday	Thursday	Friday
Example Child	5/4/12	8-4	7-3	8-4	8-4	X

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 \$3.50 daily.
- I will provide a cold lunch for my child that will consist of protein, fruit, vegetable, and a grain per state regulations.

School-Age Children ONLY							
Child's Name	School Attending	DOB	Monday AM/PM	Tuesday AM/PM	Wednesday AM/PM	Thursday AM/PM	Friday AM/PM
Example Child	Turtle Creek	10/01/17	7am/5pm	X	X/5pm	7am/5pm	7am/X

My weekly Tuition payment is \$ _____

_____ I understand that if I forget to pack a cold lunch for my child, I will be charged \$5.00 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 \$3.50 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/week.

_____ I understand that my tuition needs to be paid on Thursday for the week ahead. If tuition is not received by Thursday a \$5 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 6:15am 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 TLC's Little Comets policies. I am aware of what my financial liability will be with TLC's Little Comets and agree to stand by my contract and to follow all policies.

Parent Signature

DOB

Date

