



## Financial Contract

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

E-MAIL: [LCLC.Delavan@gmail.com](mailto: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.

**\*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 |
|                 |                  |          |         |         |           |          |         |
|                 |                  |          |         |         |           |          |         |
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|                 |                  |          |         |         |           |          |         |

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 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.**

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Parent/Guardian Signature

Parent/Guardian DOB

Date