



NOAH'S ARK CHILD CARE & PRESCHOOL CHILD RECORD & BILLING AGREEMENT 24 MONTHS to PRESCHOOL



ENROLLMENT DATE: _____ DATE CARE TERMINATED: _____
 CHILD'S FULL NAME: _____ Circle: Boy/Girl BIRTH DATE: _____
 CHILD'S SOCIAL SECURITY # (used to obtain current immunizations from NESIS): _____

PARENT/GUARDIAN INFORMATION:

#1 Parent/Guardian Full Name: _____
 Relationship to Child: _____
 Address: _____
 City/State/Zip Code: _____
 E-mail Address: _____

Employer: _____
 Employer Phone #: _____
 Home Phone #: _____
 Cell Phone #: _____
 Social Security #: _____

#2 Parent/Guardian Full Name: _____
 Relationship to Child: _____
 Address: _____
 City/State/Zip Code: _____
 E-mail Address: _____

Employer: _____
 Employer Phone #: _____
 Home Phone #: _____
 Cell Phone #: _____
 Social Security #: _____

I agree to pay a one-time non-refundable registration fee of \$100.00 for each child enrolled. I understand the registration fee and final week of care is due before my child begins attendance. I understand the final week of care payment is non-refundable. The prepayment of the final week of care will not be used as a grace period for current amount owed. I understand that if my child withdraws from Noah's Ark, I will be charged the registration fee upon re-enrollment.

Rates:

I agree to pay the following amounts for the care selected below regardless of my child's attendance, (including holidays, snow days, vacation and sick days). Payment is due each Monday by 6:00 PM for that week's care or the first day of the care cycle (paid ahead), as indicated below:

FULL TIME CARE (4 TO 5 DAYS):

\$135.00 PER WEEK -FLAT FEE
 \$130.00 PER WEEK SIBLING– FLAT FEE
 DIAPER FEE: \$1.00 PER DIAPER BORROWED

PART-TIME CARE (1 TO 3 DAYS):

\$86.00 PER WEEK -FLAT FEE
 \$81.00 PER WEEK SIBLING– FLAT FEE
 DIAPER FEE: \$1.00 PER DIAPER BORROWED

This payment does not include extra charges that may be incurred. Payment for these charges is due by the following Monday. These charges include:

- Late Pickup (after 6:00 PM): \$20
- Insufficient Funds: \$25.00 plus the amount of the check/payment
- Final week of care paid at enrollment or following payment plan: \$135/\$130 or \$86/\$81 (circle one)

I understand that payment may be made by money order, bill pay, check, credit card or automatic withdrawal. Checks are to be made to Noah's Ark Child Care & Preschool.

I understand I receive one week of vacation per year. I understand I must give notice of vacation two-weeks in advance. Any unused vacation time may not be carried over to the next year.

I understand that child care services will not be available if payment is not received by Monday at 6:00 PM for the current week of care.

I understand that Noah's Ark adjust rates on an annual basis and agree to pay these adjusted rates when they occur.

Schedule:

Noah's Ark operates from 6:00 AM to 6:00 PM Monday through Friday. My child's normal schedule, within those hours, will be:

	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Varying Schedule:

I agree to provide my schedule in advance at least weekly.

Noah's Ark will be closed on the following holidays if they fall on Monday through Friday: New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Day.

Payments:

- Weekly (due Monday)
- Every Two Weeks (due Monday)
- Monthly (due 1st or 15th)
- DHHS Child Care Subsidy (Family Fee due 15th of each month)

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Pin #: _____