



NOAH'S ARK CHILD CARE & PRESCHOOL CHILD RECORD & BILLING AGREEMENT DROP-IN CARE



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 is due before my child begins attendance. I understand that I must pay for care being provided upon arrival to center.

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 upon arrival for care each day (paid ahead), as indicated below:

\$40 a Day

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

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 that child care services will not be available if payment is not received upon arrival for 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.

Varying Schedule:

I agree to provide my schedule in advance at least weekly with approval from the Director or Director Assistant.

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:

- Due Upon Arrival for Care
- DHHS Child Care Subsidy (Family Fee due 15th of each month)

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Pin #: _____