



Contract Agreement – DSHS Families

Parent Name: _____ Child Name: _____

_____ **Attendance:** I understand that when I enroll my child, I am reserving a space for him or her on the days of the week
 initials that I commit to. My child may attend additional day(s) at the private pay rate with prior approval from the director and my child’s teacher. I agree to notify staff anytime my child will be absent.

_____ **Holidays:** I understand that the ELCC will be closed for the following holidays and one training day, and I will need to
 initials make alternate childcare arrangements. Additional planned closure days will be announced at least 1 month in advance. No credit or alternate days of care will be offered for holidays.

- New Years Day
- Presidents’ Day
- Memorial Day
- Independence Day
- Labor Day & the day after
- Thanksgiving day & the day after
- Christmas Day

_____ **Monthly Payments:** I understand that my monthly copay of \$_____ is due on the 1st of each month. My copay
 initials is subject to change by DSHS. A late fee of \$25.00 will be assessed after the 5th of the month if tuition is not collected. *Written* payment plans will be considered if established by the 5th of the month and tuition is paid in full by the 25th of the month. I understand that if my child’s fee is one month delinquent in payment DSHS will be notified and my child will not be allowed to attend the program until my account is current.

_____ **NSF:** I understand that there is a \$25.00 NSF charge for checks returned for non-payment. I understand if a check is
 initials returned for non-payment, all future payments must be made by cash or money order.

_____ **Late Pick Up Fee:** I acknowledge there is a \$1.00 per minute per child late fee for picking my child up after 6pm.
 initials

_____ **DSHS subsidy:** I understand that it is my responsibility to renew or update DSHS when my circumstances change and
 initials before my subsidy expires. My child is welcome to attend the ELCC at the private pay rate if DSHS terminates my childcare benefits for any reason.

_____ **Withdrawal from program:** If I plan to withdraw my child from the program, I will submit written notice two weeks
 initials prior to withdrawal. I understand that if I do not give prior **written notice** I will be responsible for two weeks of my child’s regularly scheduled time billed at the private pay daily rate.

_____ **Space in classrooms:** I understand that sometimes when a younger child moves up to the next class, there is no
 initials longer enough space in the older class. Spots in classrooms are offered to families in the order of enrollment date. My child’s spot is guaranteed through _____ and every effort will be made by ELCC staff to accommodate my child in care after this date. I will receive at least one month notice in the event that the ELCC no longer has room for my child(ren).

 Parent Signature

 Date

 Director Signature

 Date