

Postville Childcare Center

Contract for Childcare Services

This is a contract between _____ and the Postville
(Client's Name)
Childcare Center for the care of _____
(Child/Children's Name(s))

Center Hours

Your child(ren) are not to be brought to the center before 5:30 am and are not to be picked up later than 6:00 pm. If your child is picked up later than 6:00 pm, there will be a penalty fee of \$1.00 for every minute past the hour of 6:00 pm, payable directly to the staff member at the center when you come to get your child. Each family will be charged a, \$25.00 child or \$35.00 family, registration fee per year to help cover the costs of supplies for their child(ren).

Sick/Vacation Days

Families are allowed sick/vacation days based off the hours they contract. You are allotted _____ sick/vacation days per year. These days can be used in half day or whole day amounts. A whole or half day is based on the hours you scheduled for the day you are using the sick/vacation day for. Parents are expected to inform the office if they wish to use a vacation day. Vacation days renew on September 1 each year. Sick/vacation days cannot be carried over and are nonrefundable. Sick/vacation days will be prorated for the number of months each family uses PCCS.

Minimum Hours

Infants must contract a minimum of 20 hours a week and children 2 and older must contract a minimum of 15 hours a week. Before/after school children are not required to contract hours during the school year, but will be required to hold a minimum of 15 hours in the summer.

Drop-in

If you do not want to hold the minimum number of hours, you will be considered drop-in. Families who choose to be drop-in will only pay for the hours they schedule, as they need them. Drop-in families are not given sick/vacation days and will pay \$.50 more per hour for each child. When you choose to maintain a drop-in contract, you are not always guaranteed a spot for your child. If room allows, we take drop-in children. Payment is requested on the day services are provided.

DHS/HAWC Assistance

If you have childcare assistance, understand if there is a lapse or if you go over the allowed units and allowed absences per month you will be responsible for payment of your child(ren)'s childcare out of pocket. If you are utilizing a HAWC scholarship, you are responsible for payment of hours outside of preschool hours.

DHS Regulated Paperwork

You are expected to provide all necessary forms prior to the first day of attendance. A child may not attend until all forms are on file. Paperwork that is submitted is strictly confidential. Most of the paperwork requested is required by DHS licensing standards.

Rates

A rate of \$ _____ per hour will be charged for _____ (1st child)
A rate of \$ _____ per hour will be charged for _____ (2nd child)
A rate of \$ _____ per hour will be charged for _____ (3rd child)

Parents will contract childcare hours on a weekly basis and pay for the hours contracted, whether used or not. This includes any authorized overtime accumulated over the week. Parents are expected to notify the center if their child is going to be absent by 8:30 am. Failure to do so 3 or more times will result in loss of childcare privileges.

Payment Terms and Past Due Accounts

Payment is expected within 7 days of the bill date, unless other arrangements have been made with the business office. Billing is usually generated on Mondays. All bills will be put into parent mailboxes outside of the business office and are the parent's responsibility to pick up. A payment box is located outside the office for check payments. Cash payments must be made to the office. Any account with a past due balance is subject to a \$5.00 finance fee per month for late/no payment. **PCCS will withhold daycare privileges if the childcare account becomes delinquent.** A fee of \$30.00 will be assessed to all returned checks. Any charges incurred from collection of past due accounts will be the responsibility of the client.

Information on client(s) responsible for payment:

#1 Name: _____
Address: _____ Box: _____
City, State: _____
Phone: _____
SS#: _____ DOB: _____
Phone: _____ Phone: _____
(must provide two phone numbers)
Employer: _____

#2 Name: _____
Address: _____ Box: _____
City, State: _____
Phone: _____
SS#: _____ DOB: _____
Phone: _____ Phone: _____
(must provide two phone numbers)
Employer: _____

I have read, understand, and agree to the terms of this contract for childcare provided by PCCS. I/We accept care for the child(ren) listed on this contract. I/We understand that PCCS will extend me credit for childcare and that I must abide by the above payment terms and conditions.

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____