



Welcoming *your* family to *our* family

**2018 CONTRACT
(Effective January 1, 2018)**

Name of child: _____ Date of Birth: _____

List the ***specific*** hours you are contracting your child for care:

Check meals your child normally receives while in attendance:

(For CACFP Enrollment Form PI-6077)

	Breakfast	Lunch	PM Snack
Monday: _____	_____	_____	_____
Tuesday: _____	_____	_____	_____
Wednesday: _____	_____	_____	_____
Thursday: _____	_____	_____	_____
Friday: _____	_____	_____	_____

Beginning date of this contract: _____

Registration fee has been received: _____

Your weekly fee for this child is: _____

Your weekly family fee is: _____ (A 10% discount applies to oldest child in a multi-child family who is regularly contracted at Faith Child Care)

I have read and understand the policies of Faith Child Care, Inc., including the Fee and Refund policy, and agree to adhere to those policies while our family is enrolled at the Center.

(Signature of Parent or Guardian)

(Date)

(Signature of Administrative Director)

(Date)

Please note: A copy of this contract will be returned to you after the Administrative Director has approved and signed.

