



*Welcoming your family to our family*

**2024 CONTRACT  
(Effective January 1, 2024)**

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)*

|                  | <b>Breakfast</b> | <b>Lunch</b> | <b>PM Snack</b> |
|------------------|------------------|--------------|-----------------|
| 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.***