



Southwest Valley E.C.E.C Billing Contract

Child's Name: _____ Age: _____
Parent/Guardian: _____
Address: _____
Phone: _____

Please mark your preferred full time contracted rate below:

_____ Daily Rate - \$35.00 Per Day
_____ Weekly Rate - \$135.00 Per Week

Please mark your preferred before and after school rate below: (School Age Children 5 and up)

_____ Daily Before & After School Rate - \$15.00 Per Day
_____ Weekly Before & After School Rate - \$60.00 Per Week
_____ Weekly Before or After School Rate - \$30.00 Per Week

Please indicate your child's Arrival and Departure Schedule:

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Arrival Time					
Departure Time					
Arrival Time					
Departure Time					

_____ At this time I qualify for Child Care Assistance, and I understand that I am responsible for any charges not covered by the assistance.

_____ I understand that the contracted rates are charged regardless of attendance.

_____ I understand the weekly fee is due on the Monday of the week of service

_____ I agree to the above rates and times and I understand that the schedule and consents are valid for the time my child is enrolled at Southwest Valley E.C.E.C.

_____ I understand that a new contract must be initiated when any change happens in my child's schedule.