

Southwest Valley ECEC

Billing Contract

Child's Name: _____

Parent/Guardian: _____

Phone: _____

Rates: Please mark one below

Full time:

_____ Daily Rate: \$40/Day

_____ Weekly Rate: \$145/Week

Before and After School:

_____ Daily Before & After: \$12

_____ Weekly Before & After: \$60

_____ Weekly Before or After: \$30

Please indicate your child's Arrival and Departure schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					
Arrival					
Departure					

_____ 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 ECEC

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

Please Sign: _____