

CONTRACT FOR HOURS

Dear Parents,

Please indicate below the hours of child care you are requesting. The child's schedule should be indicated and not the parent's class schedule. Schedules should be completed in 15 minute increments. Be sure to allow pick up and drop off time. Your child will be guaranteed the time slot(s) enrolled from the previous semester with additional hours and/or changes added if the Center scheduling permits. The schedule for which you enroll your child will determine weekly fees which will be charged regardless of attendance. Fees are based upon fixed expenses such as salaries, food, and supplies. The expenses of the Center continue even though your child may be absent. Adjustments for dropping/adding classes must be arranged with the Center Coordinator. Additional time requested for studying, lab time, etc., must be approved in advance. There is a two-hour minimum for daily enrollment and a registration fee each semester.

Payment arrangements for all fees should be arranged with the College Business Office once the child care bills are processed for the semester. Unpaid balances will jeopardize your class registration privileges and your child's continuing enrollment at the Center for the following semester. Fees unpaid at the end of each semester are considered a past due monetary obligation to the College. This will result in your account being forwarded to a credit bureau for collection. A hold will be placed on academic records for past due accounts. Students will not be allowed to register or have transcripts or diplomas issued if there is a hold on their academic record. Additionally, students will not be allowed to enroll their child until the balance is paid in full.

Daily attendance is strongly encouraged unless your child is sick or there is a family emergency. If your child is absent for the day, call the Children's Learning Center at (708) 709-3727 to report the absence. Unless you have an excused absence, your child must have an eighty percent attendance rate for the month or you will lose your child's slot in the program. If you are receiving state assistance and you do not attend on scheduled days, you may be responsible for payment of the unattended days.

Once this contract is signed, you will be responsible for financing two weeks of child care services, even if you choose not to utilize the Children's Learning Center. If for any reason you terminate your contract for child care services, you are required to give a written two-week notice.

I HAVE RECEIVED, READ, AND AGREE TO COMPLY WITH THE TERMS OF THIS CONTRACT. I AM RESPONSIBLE FOR INFORMATION AND NOTIFICATIONS FROM THE STAFF. I AM RESPONSIBLE FOR THE PAYMENT OF FEES FOR THE HOURS AND DAYS LISTED BELOW FOR THE STATED SEMESTER. I UNDERSTAND THAT THIS PAYMENT IS AN ENROLLMENT FEE, NOT AN ATTENDANCE FEE. IF MY CHILD CARE ASSISTANCE IS NOT APPROVED BY THE OUTSIDE FUNDING AGENCY, I WILL BE FINANCIALLY RESPONSIBLE FOR ALL INCURRED FEES. I ALSO UNDERSTAND THAT CHILD CARE FEES WILL BE AUTOMATICALLY DEDUCTED FROM FINANCIAL AID ALLOCATIONS INCLUDING FEDERAL PELL AND STUDENT LOAN.

I AUTHORIZE PRAIRIE STATE COLLEGE AND NELNET TO ADJUST MY ACCOUNT BALANCE AND PAYMENT PLAN PAYMENTS ON ANY ADDITIONAL CHARGES. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES ASSOCIATED WITH COLLECTION OF THIS ACCOUNT.

Semester Start Date _____

Semester End Date _____

Name of Child(ren) Enrolled/Birthdate(s) (PLEASE PRINT) _____

Meal types child(ren) will be served:	<input type="checkbox"/> Breakfast: 8:30am-9:00am	<input type="checkbox"/> Lunch: 11:30am-12:00 noon	<input type="checkbox"/> Afternoon Snack: 3:00pm-3:30pm	<input type="checkbox"/> Supper: 5:30pm-6:00pm	<input type="checkbox"/> Evening Snack: 8:00pm-8:30pm
---------------------------------------	--	---	--	---	--

RACIAL ETHNIC CATEGORIES - *Please check the racial/ethnic identity of your child(ren). You are not required to answer this question, however, this information is collected to be sure every child receives meal benefits fairly.*

<input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native
--	--	-----------------------------------	--	--

For Office Use

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Total Part Time Hours	_____ × \$ _____ =	_____
Total Full Days	_____ × \$ _____ =	_____
Enrollment Fee	_____	
Child Care Assistance	Source _____	Amount _____
Requested Contract Hours Approved	_____	

Parent/Guardian Name (PLEASE PRINT) _____

Parent/Guardian Signature _____

Parent/Guardian Student ID or Soc. Sec. # _____

Telephone # _____

Street Address _____ City _____

State _____ Zip Code _____

Date _____