

# Contracted Schedule Form

- New Client
- Modifying Schedule

Child Enrolled

Date of Birth

Days:

Hours:

Full-time    Part-time

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

- Schedule is set
- Schedule varies  
- Schedule for the upcoming week will be provided along with payment

Rate: \$\_\_\_\_\_ per week

Additional hours added will be billed at: \$\_\_\_\_\_ per 30 minutes

Additional days added will be billed at: \$\_\_\_\_\_ per day

Payment is due weekly on \_\_\_\_\_ no later than \_\_\_\_ a.m./p.m.

Two-Week Security Fee:

Amount Required: \_\_\_\_\_ Amount Already Paid: \_\_\_\_\_

\$ \_\_\_\_\_ paid on Date: \_\_\_\_\_ Balance: \_\_\_\_\_  Security Fee paid in full

\$ \_\_\_\_\_ paid on Date: \_\_\_\_\_ Balance: \_\_\_\_\_

\$ \_\_\_\_\_ paid on Date: \_\_\_\_\_ Balance: \_\_\_\_\_

\$ \_\_\_\_\_ paid on Date: \_\_\_\_\_ Balance: \_\_\_\_\_

\$ \_\_\_\_\_ paid on Date: \_\_\_\_\_ Balance: \_\_\_\_\_

\$ \_\_\_\_\_ paid on Date: \_\_\_\_\_ Balance: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

## ~Contracted Schedules~

\*Late arrivals do not allow for late pick-ups.

\*Clients are required to adhere to their contracted schedule.

\*Any drop-offs before or pick-ups after your scheduled times will be billed accordingly.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_