

Kulpsville

Childcare Agreement 2018-2019

I.	inis agreement is t	by and	ı between:							
Name of Parent(s) or Legal Guardian (please print)						1	Easterseals of Southeastern PA 1161 Forty Foot Rd., PO Box 333 Kulpsville, PA 19443-0333			
Str	eet Address/Box Numb	er								
Town/City Zip Code										
 Ph	one Number					Email addre	SS			
Start Date: E					End Date:	nd Date:				
II.	Child(ren) Enrolled:									
Th	e parent(s)/guardian(s)	agree	e to place the	e following	ı child	(ren) in the Childcar	e pro	gram.		
Na	me (please print):							DOB:		
								DOB:		
III.	Enrollment Schedule	е								
<u>Ch</u>	ildcare (6:00am to 8:3	30am	& 3:00pm to	o 6:00pm)	- \$8.	00 per hour				
		[_		sday	day		☐ Thursday	☐ Friday	
Please indicate time of arrival and/or departure: AM					PM	1 AM & PM				
Fe	es and Terms:									
Th	e parent(s)/guardian(s)	and E	Easterseals a	agree to th	ne foll	owing fees (10% sib	ling d	liscount availabl	e):	
	½ Hour/Day* \$20.00 per week \$80.00 per month		1 Hour/Day* \$40.00 per week \$160.00 per month			1½ Hour/Day* \$60.00 per week \$240.00 per month		\$80.00 per we	2 Hours/Day* \$80.00 per week \$320.00 per month	
	2½ Hour/Day* \$100.00 per week \$400.00 per month		3 Hour/Day* \$120.00 per week \$480.00 per month			3½ Hour/Day* \$140.00 per week \$560.00 per month		4 Hours/Day* \$160.00 per week \$640.00 per month		
	4½ Hour/Day* \$180.00 per week \$720.00 per month		5 Hour/Day \$200.00 pe \$800.00 pe	er week		5½ Hour/Day* \$220.00 per week \$880.00 per month		6 Hours/Day* \$240.00 per w \$960.00 per m		

When the child is absent from childcare because of illness, vacation, or for any other reason, the parent agrees to pay Easterseals for the days indicated in the enrollment schedule. See the calendar for school closings (in the event of excessive closures due to inclement weather, make-up sessions will be offered).

Payment is due in weekly installments on or before the 1st of every month. Non-compliance with this payment agreement will result in the application of a \$10.00 late fee on all payments received after the 15th day. A fee of \$25 will be charged for each check returned by the bank.

Payments can be made in the form of cash, check or money order. Please remit payment to:

Easterseals of Southeastern PA 1161 Forty Foot Road, PO Box 333 Kulpsville, PA 19443-0333

*Payments may also now be made using your credit/debit card. VISA, MC and American Express are accepted.

This contract may be terminated at any time by written notice from either party. However, a written notice of at least one month would be greatly appreciated to allow the other party to make arrangements.

IV. Certification:

The parent(s)/guardian(s) agree, without reservation, to all terms and conditions of this agreement. I/We declare that the information appearing in this agreement is exact and complete.

Non-payment of fees may be cause for immediate	termination without notice.
Parent/Legal Guardian Signature	Easterseals Division Director
Date	 Date

