

Non-School-Age Children

ST. JOSEPH'S (HILL) LUTHERAN CHURCH DAYCARE CENTER
244 Koch Road, Boyertown, PA 19512
610-367-1980 / hillchurch@ptd.net
Robin Schmale, Director

Day Care Agreement Effective June 3, 2019 – May 29, 2020

Child's Name: _____

Date of Admission _____ Date of Withdrawal _____

Please do not write in fees.

SUMMER SCHEDULE: (June 10, 2019-August 30, 2019) Not applicable

Times child will attend: Monday Arrival Time: _____ Pick Up Time: _____
 Tuesday Arrival Time: _____ Pick Up Time: _____
 Wednesday Arrival Time: _____ Pick Up Time: _____
 Thursday Arrival Time: _____ Pick Up Time: _____
 Friday Arrival Time: _____ Pick Up Time: _____

Tuition Fee: _____
 Weekly due Monday for the current week.

SCHOOL YEAR SCHEDULE: (September 2, 2019 - June 5, 2020) Not applicable

Times child will attend: Monday Arrival Time: _____ Pick Up Time: _____
 Tuesday Arrival Time: _____ Pick Up Time: _____
 Wednesday Arrival Time: _____ Pick Up Time: _____
 Thursday Arrival Time: _____ Pick Up Time: _____
 Friday Arrival Time: _____ Pick Up Time: _____

Tuition Fee: _____
 Weekly due Monday for the current week.

PRESCHOOL ONLY: (September 4, 2019 – May 29, 2020) Not applicable

Monday Arrival Time: 9:00 am Pick Up Time: 11:30 am
 Tuesday Arrival Time: 9:00 am Pick Up Time: 11:30 am
 Wednesday Arrival Time: 9:00 am Pick Up Time: 11:30 am
 Thursday Arrival Time: 9:00 am Pick Up Time: 11:30 am
 Friday Arrival Time: 9:00 am Pick Up Time: 11:30 am

Tuition Fee: _____
 Monthly due the first week of each month for the current month.

ADDITIONAL FEES: \$10.00 late fee for every 10 minutes of care after 6:00 pm.

School District/Elementary School Your Child will attend: _____

Summary of Services to be provided by St. Joseph's (Hill) Lutheran Church Day Care Center: academic program appropriate for the age and developmental level of your child that includes; social, emotional, spiritual, mental and physical development / classroom materials / morning and afternoon snack / milk & apple juice / and toilet training as appropriate.

We acknowledge receipt of the 2019-2020 Parent Handbook and agree to abide by the policies stated in the handbook.

Signature/Date: _____ Print Name: _____

Director Signature/Date: _____

Please complete back of form

Parent 6 month review Signature/Date