

Attendance Contract

Tuition:

(Please Initial Below)

_____ I understand that my weekly tuition rate is \$_____. I understand that I am responsible for payment when my child is sick, on vacation and when First Lutheran EEC is closed.

_____ I understand that tuition is due the first day that my child attends each week. If payment is not received by Friday of that week a \$10 late fee will be added to past due accounts.

_____ I understand that if I pick up my child after the facility closes at 6:00 pm, that I will be assessed a fee of \$1 per minute.

Illness:

(Please Initial Below)

If your child demonstrates signs of illness such as fever, rashes, vomiting, diarrhea, etc (full and complete listing in the parent handbook), you will be contacted to pick him/her up within one hour.

_____ I understand that my child will not be able to return to First Lutheran EEC until they have been symptom free for 24 hours.

Child's Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
to	to	to	to	to

- Please notify the staff at First Lutheran EEC before changing your child's schedule.

Parent/Guardian signature

Date

Print Parent/Guardian Name

Date

First Lutheran EEC staff signature

Date