

## Quarterly Child Care Schedule ( )

First Name		Last Name			
Child's name:					
First Name		Last Name			
Parent or guardian name:					
Days and times my child will receive care:					
Check day(s) of care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival time					
Departure time					
* Extended day schedules must be due to commuting. Please initial here if you are using extended day hours for commuting _____					
Dates to be aware of (ex: planned vacations or events that will not permit your child to attend daycare/preschool)					
Fee: \$ _____ per month			Date payment due: <b>1<sup>st</sup></b> of each month for the month ahead (ex: September tuition will be due August 1 <sup>st</sup> )		
Source of payment: Parent / Other (specify):			Late Fees: \$ <b>30.00</b> per <b>month</b> for payments after the 5 <sup>th</sup> \$ <b>1.00</b> per <b>minute</b> for pick-ups after 6:30pm		
Overtime/drop-in rate: \$ <b>11.00</b> per <b>hour</b> (must be approved at least 24hrs in advance)					
<p><b>I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</b></p> <p><b>I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by <u>Peacock Family Center</u>, 305 Madison Ave N. Ste. C Bainbridge Island, WA 98110.</b></p>					
Parent or Guardian Signature		Date	Parent or Guardian Signature		Date
<p><b>I agree to provide child care services according to the above plan. I agree to promptly notify the parent(s) or guardian(s) of any changes to above information.</b></p>					
Provider Signature			Date		
Street Address 305 Madison Ave N. Ste. C		City Bainbridge Island		State WA	Zip Code 98110