

**ST. JOHN LUTHERAN HOME V.I.K. CLUB**  
**2020 Summer Contract**  
**May 20, 2020– Aug. 21, 2020**

Father's Name \_\_\_\_\_ Work Place/Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Place/Work Phone \_\_\_\_\_

CellPhone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

CHILD'S NAME:	AGE	Mon.	Tues.	Wed.	Thurs.	Fri.	<i>Times</i>	<i>Arrival</i>	<i>Depart</i>
1. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____	_____

I agree to pay for the days for which I have contracted at the established rates, whether or not I use them. I understand that I may be able to switch specific days of a week if previously approved by the lead teacher. I understand that refunds will not be given for child care services not used. I further understand that my contract hours will be adjusted so that I do not pay for days when the V.I.K. Club is closed for any reason, such as a major holiday which includes May 25<sup>th</sup> (Monday).

Billing Periods are bi-weekly. Billing will typically be done every other Monday and put in your family mailbox on Tuesday. **PAYMENT IS DUE UPON RECEIPT. Checks should be dropped in the black mailbox inside the door at GrandKids or the black mailbox on 2<sup>nd</sup> floor outside the office.** V.I.K. Club has the right to find this contract null and void for anyone who does not make payments on time and/or with insufficient funds. Any account paid past 30 days will be assessed a finance charge at a rate of 2.5% per month. Any accounts past due must have a written payment agreement with the business office to allow care to continue.

I understand the V.I.K. Club hours are from 7:00 a.m. to 5:30 p.m. Monday-Friday. ***I will be charged a late fee of \$15.00 PER child for every 15 minute increment that I pick up my child(ren) late beginning at 5:31 PM.***

**I agree to give TWO weeks written notice to the Director if I decide to withdraw my child from the program, or there is a change made to the contract. I understand that I will be charged for these 2 weeks whether or not my child(ren) attends. Upon withdrawal of my child from the program, I agree to pay, in full, any outstanding balance due on the child (ren’s) last day of attendance. Any modifications to contracted days must be approved by the Director.**

<u>PROGRAM COST</u>	<u>WEEKLY COST 1<sup>ST</sup> CHILD</u>	<u>WEEKLY COST 2<sup>ND</sup> CHILD</u>
5 days per week	\$160.00	\$145.00
4 days per week	\$133.00	\$121.00
3 days per week	\$104.00	\$95.00
2 days per week	\$73.00	\$67.00
1 day per week	\$41.00	\$39.00
Drop in per day	\$44.00	No discount on drop –ins

**VIK T-Shirts are required at a cost of \$12.00.** A new color is selected every year. These tee shirts are mandatory as they are required to be worn on field trips. The charge will be added on to your first bill. If you received your new 2020 Tee shirt during the school year, you do not need to purchase another one!

**A \$25.00 registration fee will be charged to each NEW family enrolling in the summer VIK program.**

*This contract is for the entire summer program.*

**I have read, understood and acknowledged receipt of these child care rules. I understand St. John Grandkids/V.I.K may change their policies at any time by giving a one week written notice. I agree to the financial, terms, conditions, and fees listed in this agreement. I agree to accept financial responsibility for damages done to the Center or property by my child. By signing below I am further authorizing the Staff and Director of St. John’s to give consent for any and all necessary emergency medical and First Aid care for my child while in St. John’s care. In the event of an emergency, I give St. John’s permission to seek medical attention if I cannot be reached and to hold harmless and release all liability from St. John’s. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. I will immediately inform the office of any changes in my address, phone number, or emergency contacts. I will abide by the policies set forth in the handbook. I further agree to emergency transportation and realize that this may become necessary.**

**I have read the above contract and agree to the stated terms. By signing this agreement, you agree that you are responsible for any and all charges relating to the care of the child(ren) listed on this contract. In the event legal action is taken to collect your bill, all costs of collection, including, but not limited to, attorney fee and court fees, will be added to your bill.**

Parents(s)/Guardian Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

V.I.K. Director  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

