

ST. JOHN LUTHERAN HOME V.I.K. CLUB
2010 Summer Contract
June 3, 2010 – Aug. 20, 2010

Father's Name _____ Work Place/Work Phone _____

Mother's Name _____ Work Place/Work Phone _____

Address _____ City _____ Zip _____

Home Phone _____

Father Cell Phone _____ Mother Cell Phone _____

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

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.

Billing Periods are bi-weekly. Billing will typically be done every other Monday and mailed out on Tuesday. **PAYMENT IS DUE UPON RECEIPT . Checks should be dropped in the black mailbox inside the door at GrandKids or the black mailbox in the V.I.K. room.** 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 1.5% per month. Any account past 45 days 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 6:00 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 6:01 PM.***

I agree to give TWO weeks written notice to the Director if I decide to withdraw my child from the program. 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 1ST CHILD</u>	<u>WEEKLY COST 2ND CHILD</u>
5 days per week	\$115.00 including all food	\$100.00 including all food
4 days per week	\$ 96.00 including all food	\$84.00 including all food
3 days per week	\$ 75.00 including all food	\$66.00 including all food
2 days per week	\$ 52.00 including all food	\$46.00 including all food
1 day per week	\$ 28.00 including all food	\$26.00 including all food
Drop in per day	\$ 31.00 including all food	No discount on drop –ins

VIK T-Shirts will be sold at a cost of \$10.00. These T-Shirts are mandatory as they will be required to be worn on field trips. The charge will be assessed on your original bill.

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.

Parents(s)/Guardian Signature(s): _____ Date _____

_____ Date _____

V.I.K. Director

Signature: _____ Date _____

