

**ST. JOHN LUTHERAN HOME GrandKids**  
**Contract Agreement Effective Oct. 1, 2017 –May 17, 2018**

Child(ren)'s Name: \_\_\_\_\_  
Primary Caregiver #1 Name \_\_\_\_\_  
Work Place/Work Phone \_\_\_\_\_

Primary Caregiver #2 Name \_\_\_\_\_  
Work Place/ Work Phone \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary #1 Cell \_\_\_\_\_ Primary #2 Cell \_\_\_\_\_  
Email address: \_\_\_\_\_

**Rates:** GrandKid charges are based on an hourly contracted rate for the specific days you select. You will be billed for the daily minimum rate you contract. If your child(ren) are in the Center additional hours on a contracted day, those hours will be added at the regular hourly rate. Days selected will be billed whether or not your child(ren) attends. Refunds will not be given for unused days.

**Additional Hours/Days:** If additional hours or days are needed other than your contracted hours and days, prior arrangements must be made with the Director or care may not be available as staffing is based on your contracted hours and days.

**Hours of Operation:** The Center will be open at 6:45 am (for those contracted at that time) to 5:30 P.M. Monday-Friday unless otherwise specified. Your bill will be adjusted for any days the Center is not open for reasons such as a holiday or major snow storm. Every attempt will be made to keep the Center open in inclement weather through the utilization of in-town staff.

We will be closed the following days in this contract period. **You will not be charged for these days:**

- Thanksgiving Day and day after November 23 & 24, 2017
- Monday December 26, 2017
- Monday January 1, 2018
- Wednesday July 4, 2018
- Memorial Day, May 8, 2018
- Labor Day, Sept. 3, 2018

**Registration Fees:** A \$25.00 registration fee will be assessed for each new family when the contract is signed. A \$25.00 fee will also be assessed for families that do not have a current contract in place. Infants require a \$100 non-refundable deposit to reserve a spot. Upon receipt of the first bill this will be applied to your infant payment.

***Billing:*** Billing period will end every other Friday. Billing will be done the following Monday/Tuesday and a statement will be put in your family mailbox located in your child(ren's) classroom. Payment is due no later than the Friday following your statement date. If payment is not received by the due date a 1.5% Finance Charge will be assessed and a written payment agreement with the business office, must be on file in order for care to continue the following week. Checks should be dropped in the black mailbox inside the door at GrandKids or the black mailbox in the V.I.K. room. GrandKids has the right to find this contract null and void for anyone who does not make payments on time and/or with insufficient funds.

**Late Fees: Beginning at 5:31 P.M. You will be charged a late fee of \$15.00 PER child for every 15 minute increment that you pick up your child(ren) late.**

**Rates:**

Hours Per Week	First Child/Hourly Rate (Youngest child always)	Additional Child Hourly Rate
Infant up to First Birthday	\$4.05	\$4.05
40 hours plus (Full-time)	\$3.30	\$2.60
16-39 hours (Part-time)	\$3.55	\$2.90
Drop in	\$3.80	\$3.80

**Contracted Days and Minimum Hours: Your minimum bill will be for days and hours contracted.**

**Effective Date:** \_\_\_\_\_

Child(ren) Name	Monday Time	Tuesday Time	Wednesday Time	Thursday Time	Friday Time	Total Hours for Week
Example: John	8:00-4:30		8:00-4:30	8:00-4:30		25.5 hours

**I agree to give TWO weeks WRITTEN notice if I decide to withdraw my child(ren) 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. I will complete a dated written notice form and give it to the **DIRECTOR**. Upon withdrawal of my child(ren) from the program, I agree to pay, in full any outstanding balance due on the child (ren's) last day of attendance.

**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 fees and court costs, will be added to your bill. St. John's reserves the right to modify or amend this with a 30 day written notice.**

Parent(s)/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

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

GrandKids Director Signature \_\_\_\_\_ Date \_\_\_\_\_