

School's Out Childcare, Inc.

Contract

Child(ren)'s Name _____

Grade _____

Birth(date) _____

I am contracting for my child(ren) to start attending the SCHOOL'S OUT program, **beginning:** _____
Located at (circle one): Brown's Point Crescent Heights Northeast Tacoma

Please circle days you are contracting for: MON TUE WED THU FRI
AM Care Only _____ _____ _____ _____ _____
PM Care Only _____ _____ _____ _____ _____
AM & PM Care _____ _____ _____ _____ _____
Occasional Care

Please circle the billing option you will be using
Weekly Bi-Weekly Twice a month(specify dates) _____ Monthly (specify date) _____

- I have read and agree to the terms written on the rate sheet.
- I agree to give two weeks written, receipted notice if I decide to withdraw my child or reduce the scheduled time. Unless written notice is received, it be assumed that the child(ren) will be in care through the last day of school.
- I understand I will be charged for 2 weeks after notice is given.
- I understand I am reserving space for my child(ren) and I agree to pay for the reserved space, until I withdraw or change my schedule (with 2 weeks notice), whether or not I use it. *(The only exception to this will be pre scheduled Tacoma School District closure days.)*
- I agree to pay for care on the above school closure days once I have reserved the space.

____ I authorize 'School's Out' to provide care for my child. I certify that the information provided in this application is correct to the best of my knowledge. I have read the parent handbook.

____ I understand that in the event of an emergency, i.e. earthquake or chemical spill, my child may need to be moved to a safer location and there may not be time to notify the parent.

____ I understand that in the child care setting, pictures are sometimes taken that might include my child. The pictures will be in good taste of normal child care activities.

____ I understand that as day care providers, you are required by law to report suspected child abuse.

____ I understand that 'School's Out' reserves the right to call police 1 hour after our closing time if the child is not picked up.

Signature (Parent or Legal Guardian)

Date

Parent's Phone Number's: Home/Cell: _____ Work: _____

Email Address: _____

Email Address: _____

(Updated April 2016)