

# REAL Kids PAYMENT CONTRACT

Care Start Date: \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Please circle all days and times that will apply to your child:

Child's Name	Days/Week	Time of Day	Rate	Total
	M T W Th F	a.m.	\$4 x _____ = _____	
	M T W Th F	p.m.	\$7 x _____ = _____	
	M T W Th F	Both	\$11 x _____ = _____	

Grand Total/ Week \_\_\_\_\_

I agree to the above contracted hours and fees to be paid each week.

I understand these fees are due the **Friday Prior to next weeks care.**

I agree to adhere to the Fees and Payment Policies of the REAL Kids program.

I agree that if the above contracted hours change, I or the management can ask to have a new contract drawn up to reflect the change.

I understand that the center's hours are 6:30 a.m. to 8:00 a.m. and 3:00 p.m. to 6:00 p.m.

I agree to give two weeks written notice upon withdrawing my child from your care. If no written notice is given, I understand that my account will be charged for those two weeks, and I will be held accountable for payment.

I agree to abide by the rules and regulations outlined in the REAL Kids Handbook.

Parent Signature/Date

\_\_\_\_\_  
\_\_\_\_\_

Director Signature/Date

\_\_\_\_\_

### Fees Paid:

- Non-refundable Enrollment Fee  
\$25 per child before Aug. 3<sup>rd</sup>  
\$35 per child after Aug. 3<sup>rd</sup>
- 1<sup>st</sup> Week's Fee (Aug 16th, 17th, as it applies to your contract)

<u>RATES</u>	<u>1 DAY</u>	<u>2 DAYS</u>	<u>3 DAYS</u>	<u>4 DAYS</u>	<u>5 DAYS</u>
\$4.00 per day (am only)	4.00	8.00	12.00	16.00	20.00
\$7.00 per day (pm only)	7.00	14.00	21.00	28.00	35.00
\$11.00 per day (am & pm)	11.00	22.00	33.00	44.00	55.00