

CCDS 2016-2017 Kindercare Contract

Student Name (First & Last) _____

Parents Name (First & Last) _____

Mailing Address _____

Home Phone Number _____ Cell Phone _____

Email Address _____

Please choose your desired option for After School Care with an "X".

_____ M-F 1:30 PM-2:45 PM \$115/mo

_____ M - F 1:30 PM-5:30 PM \$200/mo

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard on approximately the 25th of each month in the amount of \$_____.

Parent Signature

Billing Zip Code

Credit Card Number

Expiration Date

Any contract changes submitted in writing to the ASP Office by the 15th of the month will be effective the following month.

Cash, checks and Visa/Mastercard payments are accepted.

Payments must be received by the 5th of the month to avoid a \$15 late fee. Payment must be received by the 15th of the month to avoid disenrollment.

If disenrolled, your child(ren) will be placed on the waiting list.

All monthly fees are based on a 4 week month.

A \$25 registration fee will be assessed for all contract changes or re-enrollment.

I, _____ (printed name), agree to the terms of the above contract.

Parent Signature

Date

Effective Date