

Wrens Club Financial & Schedule of Care Agreement

As a parent/guardian, I understand that I will be responsible for all fees incurred in the Wrenshall Wrens Club program. I agree to pay the following:

Fees for services:

Registration Fee (annual)	\$20.00/family
Hourly Rate	\$3.25/hour

If I have to cancel a scheduled day, I agree to pay the following:

Call received <u>24 hours in ADVANCE:</u>	No Charge
Same day cancellation before 7am/2pm	One-hour minimum charge (\$3.25) for each child scheduled
Same day cancellation after 7am/2pm	Parent/Guardian is responsible to pay for the entire time period that child was scheduled

(This policy is explained in more detail in the handbook.)

There will be a daily minimum charge of 1 hour per child for both before school and after school. For example, if your child was in Wrenshall Wrens Club from 3:10-3:45PM (35 minutes), the charge will be \$3.25.

Late Pick Up

Parents/guardians are required to pick their children up **no later than 6:00PM**. Charges for late pick up will be incurred in **the amount of \$25.00 for each 15 minutes late**. For example, a 6:30PM pick up would result in \$50.00 in late fees. **If the parent or guardian cannot pick their child up by 6:00PM, it is their responsibility to make arrangements for an AUTHORIZED PERSON (listed on registration form) to pick the child up.**

I understand that I will receive an invoice biweekly each month. I understand that the invoice will be due within 2 weeks of the billing date. If payments are not received in a timely manner, a \$25.00 fee will be charged. Repeated late payments will result in discontinued child care.

*Please write your child's name on your payments so we know whose account to apply the bill to.

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If your family has a regular schedule, please write the name of the child(ren) who will be here on what days and times. You will then just communicate any changes that arise, as they occur. If your family has a varied schedule, you will be required to submit your weekly schedule by Wednesday the week before.

_____ Regular Schedule (Fill out chart below)

_____ Varied Schedule (Please briefly explain)

Please mark DAYS needed

TIMES

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Parent/Guardian (Please Print)

Parent/Guardian Signature

Child(ren)'s Full Name(s):

Date

A \$20 Registration Fee will be added to your first bill.