

VERNON CHILD DEVELOPMENT CENTER CHILD CARE CONTRACT



**Attendance Schedule - Please indicate hours
(ie. 8am-4:30pm)of attendance for each day scheduled.**

A minimum two-day per week commitment is required.

NAME OF CHILD	AGE	MON	TUE	WED	THU	FRI

Total Weekly Tuition _____

I have reviewed Vernon Child Development Center’s Childcare Rate Handbook for Parents and agree to all the terms set forth.

Signed

Date

Parent’s name _____

Address _____

Home telephone _____

Work telephone _____