

**VERNON CHILD DEVELOPMENT CENTER  
SCHOOL- AGE/KINDERGARTEN PROGRAM CONTRACT**

(2-day per week minimum commitment)  
Please indicate hours of attendance for each day scheduled.



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

| NAME OF CHILD | GRADE | MON | TUE | WED | THU | FRI |
|---------------|-------|-----|-----|-----|-----|-----|
|               |       |     |     |     |     |     |
|               |       |     |     |     |     |     |
|               |       |     |     |     |     |     |

**PROGRAM CHOICE - Please check (x) all that apply**

Please note that children are enrolled in only one program and will not be allowed to move between programs.

At Vernon Child Development Center  
(To and/or from Big Bend School, St. Joseph, Christ Lutheran)

before school                       after school

At Big Bend Elementary:

before school                       after school

Total Weekly Tuition \_\_\_\_\_

- I have reviewed Vernon Child Development Center's Childcare Rate Handbook for Parents and agree to all the terms set forth.
- I agree that I am responsible for notifying VCDC by written note when/if my child will attend any program on early release/dismissal days if these days fall outside his/her regularly scheduled days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone \_\_\_\_\_