

Northwood Child Development Center

Enrollment Contract

Parent/Guardian _____

Parent/Guardian _____

Parent Cell Phone: (_____) _____ Parent Cell Phone: _____

Address: _____

Address of parent if not residing together

This is a contract between (parent/guardian) _____,

(parent/guardian) _____ and Northwoods Child Development Center LLC, for the care of (child) _____.

I have read the Parent Policy Packet and have kept my copy for review. I understand the hours of operation, closure dates, payment expectations, payment dispute policy, termination from the center, requirements for parents giving notice to terminate. _____ initial here

Hours, Days, Cost of Care

The center will remain open Monday thru Friday, from 6:30am to 5:30pm, respectively.

***A ten hour day will be considered a maximum full day. I understand I get one weeks worth of days off per year that I do not have to pay based on my full or part time status. Ie. 5 days to 1 day depending on the number of days per week my child attends. I may use it for sick or vacation days. _____ Initial Here**

Care for your child will be given during the following hours: _____ am through _____ pm on the following days: _____ Monday Tuesday Wednesday Thursday Friday

Your child care amount is: \$_____ per day, _____ per week.

Check here if you have Wisconsin Shares. _____

Wisconsin Shares will pay _____ per week and I am responsible for the difference. My share/copay is _____ per week. Please understand that Wisconsin Shares puts your allowable amount per month on your account and you must pay the center weekly plus any co-payment, weekly. This is required to meet the entire cost of tuition each week for your child. None payment of my co-pay will be grounds for automatic termination of my child.

Sick Policy

I agree to adhere to the center's sick policy. If my child has a fever, (100.4 or above), I will not give my child Tylenol. Advil or Motrin before bringing them to the center so my child can attend that day. I will make arrangements to pick up my child within one hour of being called. I will not send my child to school, sick. I understand the importance of all parents, including myself, being able to work and know that each family, including ours adhering to the sick policy, helps make this work for all of us. _____ **Initial Here**

Communication with the Center

I would like to have communication with the Center and my child's teacher through:

_____ Phone Calls _____ Email
_____ Facebook _____ Text Message

We use Himama as a source of daily communication.

My phone number is: (____) _____

My email is: _____

****Please note:** If you would like to use text messaging as a source of contact, our hours of operation are 6:30am to 5:30pm. Please be respectful of our teachers and only reach out to them during operating hours unless it is an emergency. Thank you

Parent/guardian: _____

Parent 2/guardian: _____

Center Director: _____

Date: _____