

# Child Care Application/Agreement

Sieda Community Action Child Development Center  
 Hours of Operation: 7:00 A.M. - 5:30 P.M. | Monday through Friday



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

| Weekly Rates |             | Drop off and Pick Up Time (to be completed by parent/guardian) |                     |
|--------------|-------------|----------------------------------------------------------------|---------------------|
| Under 2      | 2 and Older | Anticipated Drop-Off                                           | Anticipated Pick-up |
| \$240        | \$210       |                                                                |                     |

The first 30 days of a child's enrollment is a trial period for both the parents and the center. During the 30-day trial, the parent or the provider can terminate the childcare contract without notice. No childcare payments are reimbursed in the event of termination.

A minimum weekly payment is required for all children.

Minimum charges are in effect each week for the duration of this agreement (52 weeks per year). Sieda Community Action and its Child Development Center are closed:

- New Year's Day • Martin Luther King Day • President's Day • Memorial Day • Juneteenth • Independence Day • Labor Day • Veteran's Day • Thanksgiving Day • Friday after Thanksgiving Day • Christmas Eve Day • Christmas Day • New Year's Eve Day • When a holiday falls on a Saturday, the Friday preceding will be observed as the holiday. When a holiday falls on a Sunday, the Monday following the calendar holiday will be observed as the work holiday.

Full week fees are due for weeks containing a holiday.

Late pickup fees are \$10.00 for every 5 minutes after 5:30 P.M. and are added to the next billing statement.

| Form of Payment (to be completed by parent/guardian) |                           |                          |                          |
|------------------------------------------------------|---------------------------|--------------------------|--------------------------|
| Private Pay                                          | HHS Child Care Assistance | Promise Jobs             | Other                    |
| <input type="checkbox"/>                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

By signing below I am stating that I understand and agree to the terms of the above child care agreement. I agree to pay for all fees associated with my child's attendance at the center and abide by all policies included in the family handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Contracts are in effect until changed or official notice has been given by the family of their last day at the center.*

Service Policy: It is the policy of Sieda Community Action not to discriminate on the basis of race, creed, color, national origin, religion, sex, age, disability, political party affiliation, pregnancy, military membership, veteran status, sexual orientation, gender identity status in determining eligibility or delivering services to clients or potential clients. Not all prohibition bases apply to all programs. Program eligibility criteria will be provided when requested.

Sieda Community Action is an equal opportunity employer.