



**BILLINGS CATHOLIC SCHOOLS
CHILDCARE CONTRACT**

I have selected the Billings Catholic Schools Childcare to provide care for my child/children listed below:

I have received a copy and read the policies.

My child/children will attend the Childcare on the following:

DAYS

TIMES

If the attendance is over the amount of days and times, I will be responsible for additional fees.

My charge is \$_____ for the month.

Check if applicable:

____ I receive a Best Beginnings Scholarship. I understand I will make payments directly to The Billings Catholic Schools. The daycare will bill the state on my behalf and reimbursement will be sent to the daycare by the state.

____ I have made the following payment arrangements:

1. An annual **\$105.00** registration is due upon starting the daycare. Renewal date for registration is **September 1**.
2. Payments are expected by the **15th** of the month.
3. I understand that a late charge of **\$10.00** will be added to my billing if the payment is not received by the **15th**. After the five days of non payment the child/children may not attend.

I understand the Staff of the Billings Catholic Schools Childcares may not release my child/children to anyone they suspect is under the influence of DRUGS or ALCOHOL without first notifying the authorities.

I understand that I may request a release from contract with a written 2 week notice, if my childcare needs change, but that I am not at anytime guaranteed a release of debt or refund.

PROVIDER:

- *I have discussed the care of the child/children listed above.*
- *I will not limit access to the parent of the child/children listed above unless I have a court order to do so.*
- *I will keep all information pertaining to this family confidential unless mandated by section 41-3-201.*

Director Name: (Please print)

Director Signature:

Date:

Parent Name: (Please print)

Parent Signature:

Social Security #:

Parent Name: (Please print)

Parent Signature:

Social Security #: