



St. Michael's Little Saints Day Care

P. O. Box 29369
2139 E. Cumberland St.
Philadelphia, Pennsylvania 19125
Church 215-423-0792
Stmichaels1871@verizon.net
stmichaels1871.webs.com

The Rev. Marjorie J. Neal, Pastor & Director

SERVICE AGREEMENT

Between St. Michael's Little Saints Day Care and a parent of

I, _____ agree to the following conditions as a part of child care services, provided by the facility for my child:

- To pay tuition in the amount of _____ every Friday before the coming week.
- To pay \$35.00 registration fee at the beginning of each year.
- **Pay a late fee of \$10.00 per day each day tuition is late.**
- Tuition is fixed and no credit is given due to sick days, holidays, vacations, etc.,
- The hours my child is staying at the facility are: _____ Part-time (less than 5 hrs.)
_____ Full-time (5 or more hrs.)
- Pay the difference if my child stays longer than scheduled.
- Provide current emergency phone numbers for the staff to reach me or any other designated person and update the Parental Consent Form every 6 months.
- Pick up my child or make arrangements, with a reasonable time if called by the staff.
- Provide the facility with a doctor's note if the child was seriously ill or suspected of any contagious disease.
- Provide lunch, snacks, blanket, diapers, and change of weather appropriate clothes.
- Pick up your child no later than 6:00p.m.

Days of care needed: ___ Mon. ___ Tues. ___ Wed. ___ Thur. ___ Fri.

Drop off: ___ 6:30 – 7:00a.m. ___ 7-7:30a.m. ___ 7:30-8:00a.m. ___ 8-9:00a.m.

Pick up: ___ 3-4:00p.m. ___ 4-4:30p.m. ___ 4:30-5p.m. ___ 5-5:30 p.m. ___ 5:30-6p.m.

Parent Signature

Date