



Childcare:

Operating Hours:
7:00 AM – 6:00 PM

Part-Time (2 days or fewer):

Infants (6 wks. - 18 mos.)	\$160 per week
Toddlers (19 mos. – Age 2)	\$140 per week

Full-Time (3 days & over):

Infants (6 wks. - 18 mos.)	\$200 per week
Toddlers (19 mos. – Age 2)	\$185 per week

Preschool Plus: Preschool age (Age 3-5)

- who do **NOT** attend CLS preschool for at least 3 days a week = \$185 per week (Full-Time)
- who **DO** attend the CLS preschool for at least 3 days a week = \$150 per week (Part-Time)
- who **DO** attend the CLS preschool for at least 4 days a week = \$130 per week
- \$30/day for Drop-Ins that attend only during CLS preschool days

Play School: \$30/day. Toddlers who attend during Preschool hours (4 hours or less)

Drop-Ins: \$65/day. (19 mos. and older; no infant drop-ins permitted)

After School Care: *Only open to Christ Lutheran School children (Kindergarten – age 12)*

Full-time Care: \$45 per week

25% discount for each additional child from the same family per week.

Additional fees (added to Full-time rate or Drop-in):

Early dismissal days: \$15/day

Non-School days: \$30/day

Drop-In Rate:

(2 days or less)

\$10 per day for each child

Late Charges:

\$5 per minute after 6:00 PM

Children who are scheduled to attend 3 days+ will be considered Full-time and will be set into the Full-time rate.

This weekly rate will be the same during Holiday weeks and regular weeks even if the child does not attend the full week.

To schedule a planned absence parents will be required to submit written notice to the Director at least 1 week in advance.

If your child is Afterschool, Part-time, play school or Drop-in please communicate in advance with the Director for the days you are needing care (1 week, in writing to ensure adequate staffing).

Rates are reviewed on a biannual basis and subject to change

Family Name: _____

Child's Name: _____ DOB: _____

Date care begins: _____

Circle one: Infant Toddler Preschool Afterschool

Circle one: Full-time Part-time Drop-In Play School CLS Preschool (Full Time or Part Time)

Days Requesting Care:

Hours Requested:

Notes:

I, _____ parent/guardian of _____
agree to the above rate selected. If our needs change we agree to contact the Director. Plans to
discontinue enrollment or change this contract require a minimum of one week's notice. I/We understand
that I/we will be charged the contract fee each week.

Signature of parent or guardian: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

Signature of Director: _____ Date: _____