

Ankeny Christian Academy Child Care

1604 West First Street
Ankeny, Iowa 50023-2525

Telephone (515) 963-9933
Fax (515) 965-8210

Child Care Contract

Today's Date _____ **Enrollment Date** _____ **Weekly Fee** _____

The following agreement is between Parent(s) / Guardian(s) and Ankeny Christian Academy Child Care for child services for:

Child's Name _____ **Date of Birth** _____ **Boy** **Girl**

Father's Name _____ **Responsible for Payment** **Yes** **No**

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____ **Cell Phone** _____

Mother's Name _____ **Responsible for Payment** **Yes** **No**

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____ **Cell Phone** _____

Hours of Care: Drop off _____ Pick up _____ **Days attending:** M T W TH F

Anticipated Meals:(Please circle) Breakfast Lunch PM Snack

Non-Refundable Registration

Your registration fee of **\$75** guarantees your child's registration and start date.

Check Number _____ Cash _____

Payment

Payment is due on Monday. If your child does not attend on Mondays please make payment arrangements with the on site supervisor. You are able to pay in advance. You are responsible for payment regardless of attendance, unless you are choosing to use a vacation week. Accounts must be current to use a vacation week. If payment is not received by the end of the day on Wednesday there will be a \$25.00 late fee. If payment (plus late fee) is not paid by the end of the day on Thursday, the child will be considered withdrawn. Payment must be made in full before the child can return to childcare. All insufficient fund checks will be assessed a \$25.00 charge.

____ Please check if you would like to receive the ACA E-mail newsletter. _____
E-mail address

____ Please check if you DO NOT want the names of parents, address, phone number, e-mail address and each student's name and grade level included in the ACA family directory. Copies are given only to ACA families.

Vacation Weeks

Vacation weeks are for families whose children attend year round January through December.

You are allowed two free weeks per year. You must use a full a week at a time. Your accounts must be current to use a vacation week.

We are closed the following holidays:

- New Year's Eve Labor Day
- New Year's Day Thanksgiving
- Memorial Day Friday after Thanksgiving
- Fourth of July Christmas Eve
- Good Friday Christmas Day

If a holiday falls on Saturday it will be observed on the preceding Friday. If the holiday falls on Sunday it will be observed on the following Monday. If the holiday falls on Thursday we have the option of being closed on Friday.

Late Pick-Up

If late pick-up becomes excessive enrollment may be terminated.

Termination of Agreement

Either Parent / Guardian or Ankeny Christian Academy Child Care may terminate this contract by giving a two week advanced notice. Payment is required for the two week period regardless of attendance. Ankeny Christian Academy Child Care may terminate contract immediately without notice when payments are not made.

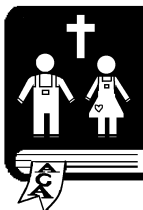
Verification

I agree to all of the above terms and conditions. If I have any questions, I will see the Director or on site supervisor before signing the agreement.

Mother / Guardian _____ **Date** _____

Father / Guardian _____ **Date** _____

On Site Supervisor _____ **Date** _____



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Child's Information

Date _____

Child's Name _____ Name Usually Called _____

Child's Birthday _____

Child lives with: ___ Mother ___ Father ___ Both ___ Other (Relationship) _____

Father's / Guardian's Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's / Guardian's Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Employer _____ Work Phone _____

Child's Scheduled Hours: _____ **Days attending:** **M T W TH F**
(Please circle)

Has your child been in child care in the past? Please explain: _____

Does your child have any food allergies? _____

Are there any other children at home? Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Is there any information that might be helpful in understanding the child? _____

Does your child need help: ___ Dressing or undressing ___ Washing hands
___ Eating ___ Using the restroom

Does your child usually nap? Yes No How long? _____

What special interests does your child have? _____