

SSLC Contracted Time Agreement ~C.T.A

Childs Name: _____

Per contract, hours may not exceed 10 hrs per day.

	Time In A.M	Time Out A.M.	Time In P.M.	Time Out P.M.
Monday	:	:	:	:
Tuesday	:	:	:	:
Wednesday	:	:	:	:
Thursday	:	:	:	:
Friday	:	:	:	:

IF child(ren) have not been picked up within 15 minutes of scheduled pick up time, a staff member will attempt to make contact. If child(ren) remain at center 30 minutes past CTA a Late Pick Up Notice will be issued, and a Late Fee of \$20 every 15 minutes will be charged.

All Late Fee Notices will be signed by staff member and parent upon pickup.

Please indicate (ONE) preferred method of contact: Text Email Phone

Required Information

Primary Email Address: _____

Primary Contact: _____

Secondary Contact: _____

Mailing Address: _____

By signing below, responsible party hereby agrees to all conditions of C.T.A and SSLC Family Handbook.

X _____

Responsible Party

Date

Office Use Only:

Weekly Tuition \$ ____ . ____