

Start Date \_\_\_\_\_

**PROGRAM CONTRACT**

Summit Early Learning Center, Inc.

Minneapolis, MN 55405

Phone: 612-377-9011

Fax: 612-977-0168

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name	Home Mailing Address	Phone Numbers
		Home
		Mobile
		Email
		Home
		Mobile
		Email

**CONTRACT TIMES**

Care for \_\_\_\_\_ shall be provided from \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
on the following days of the week: \_\_\_\_\_

\_\_\_\_\_ Total Hours per week

**CONTRACT FEES** (Office Use Only)

Basic Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Parent Fee: \$ \_\_\_\_\_ per \_\_\_\_\_

Bus Fee: \$ \_\_\_\_\_ per \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Child Care Assistance Program: \_\_\_\_\_

**ADDITIONAL FEES**

Enrollment Fee: \$62.01

Additional Fees: Field Trips

Parental Co-Pay: \_\_\_\_\_

I agree to the terms of this agreement and understand that failure to meet any of the conditions, including payment, may result in termination of services by Summit Early Learning Center. In signing this contract, you will be responsible for payments not covered by CCAP. We will collect any payments due through the legal process if necessary.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Director \_\_\_\_\_ Date: \_\_\_\_\_