COMFORT & COZY MONTHLY CONTRACT

CHILDS NAME FIRST NAME LAST NAME

PARENT/GUARDIANS NAME FIRST NAME LAST NAME

DAYS AND TIME CONTRACTED FOR AFTERSCHOOL CARE/IN SERVICE DAYS

SESSION DATE		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	TIME IN					
	TIME OUT					
	TOTAL HOURS					
	$ FEE					

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	$ FEE					

SUBTOTAL MONTHLY FEE

DATE PAYMENT DUE: 5TH OF EACH MONTH

LATE FEE (PER POLICY BOOK)

TOTAL DUE

I agree to promptly notify Comfort and Cozy Afterschool program of any changes of the above information.
I understand that I am fully responsible for the terms of this agreement as stipulated.
I understand that I will not receive credit for any absent days.
I have read, understand and agree to comply with te policy and procedures given to me by C&C afterschool program.
I understand that if I don't pay contract as agreed, C&C has the right to send to collection and credit agency.

Parent/guardian signature	Date	Check #
		Date Paid

I agree to provide afterschool care according to the above plan. I agree to notify parents promptly of any emergency changes

Provider signature	Date