

# AfterSchool Planet Drop-in Contract

I/We, \_\_\_\_\_, agree that AfterSchool Planet will care for,  
(Parent(s))

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

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

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

Care will be provided on a Drop-in, as needed and space is available, basis. I/We understand that the fee for Drop-in Care is \$11/hour or MAXIMUM OF \$100 A DAY. I/We also know that there is a 20% discount for multiple children. I/We agree to pay AfterSchool Planet when I/we pick my/our child(ren) up from AfterSchool Planet.

Drop-ins are considered to be an odd day where care is needed. Drop-in is not more than 20 hours per week with a minimum of two hours. A 24-hour notice is required for Drop-in care.

Care will not include meals but will include snacks. The meals and snacks will be given to child according to the time of day the child(ren) are in care.

**Days and Hours.** The parties to this agreement have agreed to the following schedule of care.

- Monday ..... Hours \_\_\_\_\_ to \_\_\_\_\_
- Tuesday..... Hours \_\_\_\_\_ to \_\_\_\_\_
- Wednesday.. Hours \_\_\_\_\_ to \_\_\_\_\_
- Thursday..... Hours \_\_\_\_\_ to \_\_\_\_\_
- Friday.....Hours \_\_\_\_\_ to \_\_\_\_\_

Our facility is closed on New Year's Eve, New Year's Day, Independence Day, Thanksgiving Day, Christmas Day.

This also certifies that the parents have read, agreed to, and signed the Parent Handbook Policies. These policies are legal and binding. Parents have also provided accurate information on the following form: Medical Emergency Form.

**Late Fees.** Parent/Guardian agrees to pay a late fee of \$5.00 per fifteen minutes or portion thereof that Child remains in care after the hours listed on Contract. All late fees are due and payable immediately.

**Returned Checks:** A fee of \$30.00 will be charged on all returned checks. Childcare services will be immediately halted until full payment of tuition and NSF charges has been made, in CASH or CERTIFIED FUNDS. Payment is due at the time your child is dropped off. In addition, from that point forward cash will be required on all future drop-in appointments.

I/We have read, and do understand and agree to abide by the terms and conditions stated above. I also understand that these terms and conditions may change as needed, and that I will be notified of such changes in advance.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Street Address

\_\_\_\_\_  
Mother's Contact Phone

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Street Address

\_\_\_\_\_  
Father's Contact Phone

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

Check# \_\_\_\_\_ Date \_\_\_\_\_

