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**Ascension Early Childhood**

**Education Center**

1440 SE 182nd Avenue, Portland OR 97233 🞍 503-667-6750

**FULL DAY PRESCHOOL CHILDCARE CONTRACT 2020-21**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please give child's full legal name), is currently enrolled at Ascension Early Childhood Education Center.

I agree to the terms listed on one of two lines below (please check one line only):

**NOT POTTY TRAINED**

□ My child is not potty trained. I understand the weekly rate is $260.00 and the daily rate is $63.00.

**POTTY TRAINED**

□ My child is potty trained. I understand the weekly rate is $231.00 and the daily rate is $52.00.

The following days and times are reserved for my child:

Monday Tuesday Wednesday Thursday Friday

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

The weekly rate of $\_\_\_\_\_\_\_\_\_ is owed whether or not my child attends. *(The weekly rate is based upon the number of days your child attends per week)*

**The annual registration is $100.00 and is non-refundable.**

□ I have read and understand the conditions printed on the reverse side of this page.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Signature of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

***NOTE: Termination of this contract requires two weeks written notice. If you wish to bring your child on days NOT contracted, you must first obtain permission from the director or the supervising teacher.***  (See reverse side)

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At the time of your child’s registration, and every August thereafter, you will be asked to sign a return child care agreement. The center will give you a copy for your own records.

**PAYMENT PROCEDURES:**

Payment is to be paid in full on Friday of each week for the current week’s care.

A late fee of $2.00 per day will be assessed on past due accounts.

**Children cannot be accepted for care if your account runs more than 14 days late.**

**VACATION DAYS:**

After the first full year of full time care that your child attends Ascension Early Childhood Center, you will be allowed 5 vacation days at no charge. After the second complete year of full time care, you will be allowed 10 vacation days at no charge. Requests for vacation days must be in writing to the Director at least two weeks in advance. Additional days will be charged at one half the weekly rate (after the first full year only), payable prior to the vacation absence in order to hold a place for you child. NO vacation credit will be given to children who attend part time (less than 5 days per week). **NO credit will be given for any vacation time until a child has attended one full year.**

**ILLNESS AND HOLIDAYS:**

No credit will be given for sick days or holidays. Exception: If we are closed on a non-holiday, you will be given full credit for that day. However, for an extended illness, where your child is out for three or more days, we will charge only one half rate for all the days of illness. **Because days of care are contracted, we cannot accommodate “Make-Up” days.**

(See reverse side)