



GREAT BEGINNINGS
 — Child Centered —
 Co-operative Inc.

FAMILY CONTRACT – CHILD CARE CENTER

1. I am enrolling my child, _____, for: (check below)

- Full Day Child Care _____
- Half Day Child Care _____
- Number of Days per Week _____
- Check Specific Days Below

Monday	Tuesday	Wednesday	Thursday	Friday

- Check Program Below
 - Infant Program _____
 - Toddler Program _____
 - Preschool Program _____
 - School Age Program _____
 - Before School _____
 - After School _____

2. My child care fees will be as follows: (circle one)

	Infant	Toddler	JR/SR Preschool	School Age
Full Day	\$48.00	\$41.00	\$37.00	\$32.00
Half Day	\$36.00	\$27.00	\$26.00	\$24.00
Before School	-----	-----	-----	\$10.00
After School	-----	-----	-----	\$12.00

3. Should I receive Fee Subsidy from the City of Windsor I agree to submit to the parameters of my agreement with them. Further, should I owe a Co-pay amount each month to Great Beginnings, the guidelines in this Family Contract (see below) will fully apply to me, as they do to full fee paying families.
4. My payments will be made within the first seven (7) business days of the month, between the office hours of 8:30 am and 4:30 pm, unless a specialized payment arrangement has been made with the Executive Director.

5. Cash, cheque or online payments are accepted. Cash will be accepted upon receipt at the Great Beginnings main office only. Should I choose to pay by cheque, I agree to leave post-dated cheques for 3-month blocks at a time. Online payment can be made through e-transfer using greatbccipmt@cogeco.net.
6. Should my payment be late, I agree to pay the late charges applied to my account, in the amount of \$25.00 per week. I understand that I may face possible suspension of child care if my payment is not paid by the last calendar day of the month.
7. Should my cheque payment go NSF I understand that I will be charged a NSF Fee of \$25.
8. I agree to pay any Late Pick-up Fees I incur by picking my child up past 5:30 pm. Late charges are as follows: \$25 for the first 15 minutes; \$50 for the second 15 minutes; \$100 for anything past 30 minutes.
9. Should I choose to terminate care, I agree to give a TWO-WEEK WRITTEN NOTICE of withdrawal. If I do not give this notice, or terminate immediately, I understand that I will be charged for two weeks of care past my child's last day and agree to pay it. If subsidized, I must give a TWO-WEEK WRITTEN NOTICE to both the City and Great Beginnings.
10. I understand that I will be charged for my child's absent days, due to illness or other reasons, and agree to pay them.
11. I understand that after 5 months of child care services I receive a certain portion of Vacation Days, where I will not be charged, as follows. I also understand that I must give, and agree to submit, a ONE MONTH WRITTEN NOTICE of Vacation to the Child Care Center Supervisor for scheduling purposes. (this applies to Full Fee paying families only; families receiving Fee Subsidy will follow their agreement with the City of Windsor as per vacation days)

Full Day Schedule	Vacation Days	Half Day Schedule	Vacation Days
5 Days	10 Full Days	5 Days	10 Half Days
4 Days	8 Full Days	4 Days	8 Half Days
3 Days	6 Full Days	3 Days	6 Half Days

12. I understand that Great Beginnings is closed for all Statutory Holidays and I understand that I will be required to pay for these Statutory Holidays if my child is normally scheduled to attend on days in which they fall. I further understand that Great Beginnings is closed between Christmas Eve Day and New Year's Day and I will be required to pay for any of the Statutory Holidays in that period of time, if my child is normally scheduled to attend on those days.
13. I agree to follow all the guidelines in the Great Beginnings "Child Care Center Handbook for Families" I received upon enrolment. I understand that I can further access the handbook, and other information, on the Great Beginnings website. www.greatbeginningsdaycare.ca
14. By signing and dating below, I agree to follow the terms of this Family Contract with Great Beginnings Child Centered Cooperative Inc.

DATE: _____ FAMILY SIGNATURE: _____

DATE: _____ MANAGER SIGNATURE: _____