A Step Ahead Child Center 189 West Creek Road Saint Marys, Pennsylvania 15857

AGREEMENT FORM

Child's Name:					
Age of Child:					
Infant (6 weeks-12 months)	Young Toddler (12 months-2 years)Older Toddler (2-3 years)				
Preschooler (3-K)	School Age (K-12 years)				
Servic	es to be prov	rided as part of	the chil	d care fees:	
*E0	ducation	*Care	*M	leals (Breakfast)	
Rates:					
Infants	\$34.75/da	<mark>vy</mark>			
Toddlers & Preschoolers	\$33.50/day	y			
School Age	\$16/day be	efore & after school	<mark>l care</mark>		
	\$33.25/da	y for non-school da	y (summe	er, snow day, holiday, inservice)	
Multiple child discount: First c	hild is full rate	. Each additional c	child is 5%	% off full rate if full-time.	
Child's Arrival Time	Child's Dep	arture Time			
Monday	Monda	ay			
Tuesday	Tuesda	ay			
Wednesday	Wedne	esday			
Thursday	Thursc	lay			
Friday	Friday				
Form of Payment					
Private PayEI	LRC (Copay am	ount)			
Full Rate					
Discount	*Payment is d	ue by date marked on	bill or a <mark>\$</mark>	10 late fee will be assessed	
=Daily Rate	*Payment is due for scheduled days and paid closed holidays regardless of attendance				
	*Please refer t	to your family handbo	ook for a de	escription of all miscellaneous fees	
Persons to whom the child ma	y be released:				
				(ove	

I, the Parent/Guardian,				
received complete written prog	gram information at the time of enrolln	nent.		
agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.				
Parent/Guardian Signature	Printed Name	Date		
Parent/Guardian Signature	Printed Name	Date		
Director Signature	Printed Name	Date		
Date of Admission: Date of Withdrawal:	_			