Trinity Christian Child Care Center
Tuition Contract 2026-2027

Child's Name:_____ Parent's Name: _____

Please enroll my child in Trinity's Child Care Program on the following days:

My Child's Childcare Schedule:

	Arrival Time	Departure Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Tuition Rate Table: You will not be charged Child Care fees while your child attends his/her preschool class.

Please check one:	Please Calculate What Your Child's Weekly Tuition Will Be.	**Totals:**
	My Child will be enrolled in child care at a rate of $7.00/hr. or $35.00 maximum per day if attending preschool that day. ____ hrs./day x $7.00 x ____ number of days/week = $_____ Weekly Child Care Tuition **OR** ____ number of days/week x $35.00/day = $_____ Weekly Child Care Tuition	
	My Child will be enrolled in child care at a rate of $7.00/hr. or $42.00 maximum per day if attending child care only that day. ____ number of days/week x $42.00/day = $_____ Weekly Child Care Tuition	
	Weekly Total:	

☐ **Sick/Absent Day Policy**

I understand my child will be allowed one week of their contracted days to use as sick time/vacation time, with no fees due to Trinity Child Care Center. I understand I must include a note with my payment to let the preschool office know I am using an absent day. I understand I am responsible to pay for all other contracted days regardless of attendance after these days are used.

Example:	Attends 5 days a week	No payment due = 5 days per year
	Attends 3 days a week	No payment due = 3 days per year
	Attends 2 days a week	No payment due = 2 days per year

☛ **OVER**

☐ **Child Care Schedule Changes**

I understand I will be allowed two schedule changes for child care per year if given with a two week notice. I understand I am responsible for the tuition during that two week period. Additional schedule changes will require a $10.00 fee to update paperwork including master schedules for ODCY, staff schedule changes and attendance sheets.

☐ **Withdrawing from Program:**

I understand I must provide a minimum of two weeks notice if I plan to withdraw my child from the program. I understand I am responsible for the tuition during that two week notice.

☐ **Late Payments:**

I understand tuition is due according to the tuition statement which will be provided at the beginning of the school year. In accordance with Trinity School Board policies, accounts which are more than 2 weeks delinquent may result in a child being disenrolled until the account is current.

Parent/Guardian Signature _____ Date: _____

Administrator's Signature _____ Date: _____