



9614 Fisk Road Belding, MI 48809 (616) 794-3451

CHILD PLACEMENT CONTRACT

Note: This contract is required of all licensed child care centers by the Michigan Administrative Code.

Once my contract is received, a placement fee of \$50 is required per student for my child's spot to be held. Upon completion of contract and placement fee is paid, then a letter of admittance will be sent via email to parent/guardian.

Faith Community Christian School Colt Care Program agrees to provide child care services for the following named child(ren):

Name of Guardian(s): _____

Address: _____

Phone Number(s): _____

Name of 1st Child: _____ Birthdate: _____ Grade: _____

Name of 2nd Child: _____ Birthdate: _____ Grade: _____

Name of 3rd Child: _____ Birthdate: _____ Grade: _____

Name of 4th Child: _____ Birthdate: _____ Grade: _____

I have read the Colt Care Parent Handbook and understand and will comply with all the information presented in the book.

Signature of Guardian(s): _____

*Licensing Rules for Child Care Centers are available upon request.

COLT CARE WEEKLY SCHEDULE

Child's Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade: _____

Guardian(s) Names: _____

Guardian Phone #: _____

Guardian Phone #: _____

Email Address(es): _____

Allergies: _____

Weekly Schedule Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

I agree to notify the FCCS office of any changes to the above Colt Care schedule at least one week prior to the implementation and approval by the FCCS Administrator.

Guardian Signature: _____

Faith Community Christian School (FCCS) Colt Care Contract

Summer Colt Care Hours of Operation: Monday thru Friday 6:30 a.m.-6:00 p.m.

(Please see the Colt Care Summer Calendar for available dates.)

Guardian agrees to the following:

- To pay the following fees: Families currently enrolled at FCCS for summer child care will pay \$28/day per child for full time attendance. Children who attend less than 4 days will pay \$30/day per child for attendance.
- Parents will send lunch with each child, each day. Snacks will be provided FCCS staff will be provided within the child care fees.
- To pay Colt Care fees when billed. **Late payment charges of \$10.00 per week after billing statements due. After two weeks of non-payment, your child will lose his/her place in the summer childcare program. FCCS does not host "free days". Once your days are scheduled, we staff our program based on numbers. Families must pay for days scheduled, yet unattended.**
- Late pick-up fee as follows:
 - Children picked up after 6:00 p.m. will be charged \$5.00 for every 15 minutes or portion thereof beyond 6:00 p.m.
- My/our child is in good health. Immunizations are up to date (or waiver is on file with the FCCS office), and my child can participate in all activities at Colt Care. I assume responsibility for the state of his/her health while in this program. I will provide a change of clothes for my child.
- Be advised that the center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook is available for parents to review during regular business hours. Please contact the Administrator to review.

I/we have read the Parent Handbook and agree to abide by the policies.

Upon signing this agreement, the guardian(s) and the child care facility agree to abide by all the provisions contained in this contract.

Guardian Signature: _____ Administrator Signature: _____

Printed Name: _____ Date: _____

Relationship to Child: _____

Date: _____

FAITH COMMUNITY CHRISTIAN SCHOOL Summer COLT CARE

STATEMENT OF HEALTH

Child's Name: _____

Date of Birth: _____ Grade: _____

My child is in good health. My child's immunizations are up to date or a waiver for my child is on file in the front office. My child's immunization record or appropriate waiver is on file at the school. Colt Care staff and FCCS Administrator have my permission to check/copy the health form as necessary (State law requires that the Health form and this form be on file at the site).

Guardian Signature: _____ Date: _____

FAITH COMMUNITY CHRISTIAN SCHOOL COLT CARE

STATEMENT OF HEALTH

Child's Name: _____

Date of Birth: _____ Grade: _____

My child is in good health. My child's immunizations are up to date. My child's immunization record or appropriate waiver is on file at the school. Colt Care staff and FCCS Administrator have my permission to check/copy the health form as necessary (State law requires that the health form and this form be on file at the site).

Guardian Signature: _____ Date: _____