



## Circle of Friends Child Care Center Shiremanstown United Methodist Church

125 East Main Street, Shiremanstown, PA 17011  
Phone 737-6621 x 12 Fax - 761-2391

# AGREEMENT

55 PA CODE CHAPTER 3270.123 & 181(c)

NAME OF CHILD	DOB	CLASSROOM
Services to be provided as part of the day care fee	Extra services to be provided at an additional fee if applicable:	
1. Child Care (up to 9 hours/day)	1. Field Trips	
2. Morning and Afternoon Snacks	2. Special Events	
3. Special Treats	3. Extended hours	
4. Guest Teachers and Storytellers	4. Extra Days (school-age only)	
5. Christian Curriculum	5. Scholastic Book Sales	

<b>PERSONS TO WHOM CHILD CAN BE RELEASED:</b>	<b>PAYMENTS DUE FRIDAYS BY 5:30PM BEFORE WEEK OF SERVICE OR PENALTY</b>	
1.		
2.	Base Rate	\$
3.	Ext. Hrs Fee	\$
4.	SUBTOTAL	\$
5.	DISCOUNT @ _____ % FAMILY -2 -3	
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	Disc. Applied (rounded to the nearest \$) (\$ - )
<b>EARLY DROP OFF OR LATE PICK UP FEE: \$10 PER 15 MINUTES</b>		<b>TOTAL FEE / WK</b> \$

I, the parent /guardian;

PLEASE CHECK EACH BOX		received complete written program information at the time of the enrollment. (3270.121)
		agree to update the Emergency Contact/Parental Consent information whenever changes occur or every 6 months at a minimum. (3270.124)
		do hereby grant permission to the Circle of Friends Child Care Center to utilize the adjacent Borough Park for activities associated to the curriculum and programs of the Child Care Center.
		do hereby grant permission to the Circle of Friends Child Care Center to videotape, audio record, photograph my child(ren) and use these tools in our curriculum and programs. Anything used for advertisement purposes will require separate and written permission by the parent(s).
SIGNATURE - PARENT OR GUARDIAN		DATE
SIGNATURE - OPERATOR		DATE

DATE OF CHILD'S ADMISSION
DATE OF CHILD'S WITHDRAWAL

PERIODIC REVIEW	
SIGNATURE - PARENT OR GUARDIAN	DATE