

School District of Oakfield Child Care Center Contract

I am contracting with the School District of Oakfield Child Care Center for child care services. The center will provide this service according to terms stated.

Child's name _____

First date of attendance _____

Hours of service _____

Days of the week _____

Yearly registration fee \$10 for 4K and under

Family phone number _____ email _____

OCCC is open from 6:30a.m. to 6:00p.m.

Yearly registration fee is payable at the time of registration, and by September 1st of each year thereafter.

All checks should be made payable to Oakfield Child Care Center (OCCC) **and are due on the 1st day of care for the week.**

Please call the center, 583-2648, to let us know as soon as possible if your child will not be attending due to illness or a change in plans. If you do not contact us, you may be required to pay for that day(s).

I acknowledge the fees are payable in full for scheduled days, and that payments need to be made to insure the continuation of care.

Parent/Guardian
signature _____ date _____