

There will be a \$10.00 fee for any check returned for any reason except bank error. Should this check be returned again, a \$15.00 fee will be assessed and parents will be asked to cover this check and its fee with a money order. More than two returned checks will necessitate the need for the Parent/Guardian to make all future payments in cash and in advance.

Person(s) responsible for payment of fees: _____

(Address and Phone Number of person(s) listed above.)

Check or Money Order should be payable to St. Peter's Daycare. If necessary, mail to 345 N. Pine St., Reedsburg, WI 53959

AGREEMENT

I have read St. Peter's Christian Kid Zone Parent Policy Handbook and hereby agree upon its use for my child(ren).

I will provide proof of a complete medical check-up and current immunizations.

I will keep St. Peter's in my prayers as they care for the needs of all children.

This contract is in effect until change is necessary.

(Signature of Parent/Guardian)

Date

(Signature of Daycare Program Director)

Date