

Kid Time Cares Payment Agreement Form

DHS 55 PA CODE CHAPTERS 3270.123 & 181 (C); 3280.123 & 181 (C); 3290.123 & 181 (C)

Child's Name: _____

Payment is due every Monday for the upcoming week for example payment date 1/4/21 covers 1/11/21-1/15/21	weekly fee remains the same regardless of absence
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Your child must be dropped off by 9:30 am daily. If you have a schedule appointment and your child will be late you need to let the office know.	Estimated Time for Arrival: _____ Departure: _____
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Cut off date is September 1st.	Full time slots will be filled and take priority over part time slots.
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Infant Classroom	5 Days \$300 3 Days \$180 2 Days \$120
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Young Toddlers Classroom	5 Days \$290 3 Days \$174 2 Days \$116
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Older Toddlers Classroom & Young Threes	5 Days \$280 3 Days \$168 2 Days \$112
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Preschool Classroom	5 Days \$ 270 3 Days \$162 2 Days \$108
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Prek Classroom	5 Days \$260 3 Days \$156 2 Days \$104
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Before Care hours are 6:30am until 9am School Hours are from 9am to 3pm After Care hours are 3pm until 6pm	Kid Time Cares closes promptly at 6pm. Any children that are left in care after 6pm are subject to a late fee after 5 minutes, it is a \$1 charge per minute.
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Persons designated by parent to whom child may be released (need 2; not parent or guardian):

I the parent/ guardian:

_____	received complete written program information at the time of enrollment
(initials)	(3270.121, 3280.121, 3290.121)

_____	agree to update the emergency contact/ parental consent form information whenever changes occur, or every 6 months at a minimum. (3270.124 , 3280.124 , 3290.124)
(initials)	

Signature - Operator	Date	Signature- Parent or Guardian	Date
_____	_____	_____	_____

DATE OF CHILD'S ADMISSION	_____

DATE OF WITHDRAWAL	Effective June 23rd 2025
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