



1604 West 1st Street
Ankeny, IA 50023
Tel (515) 963-9933 Fax (515) 965-8210
www.ankenychristianacademy.org

Child Care Contract

Today's Date _____ **Enrollment Date** _____ **Weekly Fee** _____

The following agreement is between Parent(s) / Guardian(s) and Ankeny Christian Academy Child Care for child services for:

Child's Name _____ **Date of Birth** _____ **Boy** **Girl**

Father's Name _____ **Responsible for Payment** **Yes** **No**

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____ **Cell Phone** _____

Mother's Name _____ **Responsible for Payment** **Yes** **No**

Address _____ **Home Phone** _____

City _____ **State** _____ **Zip** _____ **Cell Phone** _____

Hours of Care: Drop off _____ Pick up _____ **Days attending:** M T W TH F

Anticipated Meals: (Please circle) Breakfast Lunch PM Snack

The following information is voluntary:

Ethnic Identity: Hispanic or Latino ___ or Non Hispanic or Latino ___ (*check one*)

Racial Identity: American Indian ___ Asian ___ African American ___ White ___
Native Hawaiian ___ (*check one*)

Non-Refundable Registration

Your registration fee of **\$75** guarantees your child's registration and start date.

Check Number _____ Cash _____

Payment

Payments will be paid via automatic debit from your bank account. These payments will be for the amount of the prior week charges, based on your child's attendance. You will receive an email notification on Monday including the amount that will be paid from your checking or savings account on Tuesday each week. A statement of your account will be sent to you whenever you need one, upon request. Exception to this payment schedule will be made if you already have another payment arrangement with the ACA bookkeeping office. Accounts must be current to use a vacation week. All insufficient fund payments will be assessed a \$25 charge.

Email Address _____

____ Please check if you would like to receive the ACA email newsletter.

____ Please check if you DO NOT want the names of parents, address, phone number, email address and each student's name and grade level included in the ACA family directory. Copies are given only to ACA families.

Vacation Weeks

Vacation weeks are for families whose children attend year round January through December.

You are allowed two free weeks per year. You must use a full a week at a time. Your accounts must be current to use a vacation week.

We are closed the following holidays:

New Year's Eve	Labor Day
New Year's Day	Thanksgiving
Memorial Day	Friday after Thanksgiving
Fourth of July	Christmas Eve
Good Friday	Christmas Day

If a holiday falls on Saturday it will be observed on the preceding Friday. If the holiday falls on Sunday it will be observed on the following Monday. If the holiday falls on Thursday we have the option of being closed on Friday.

Late Pick-Up

If late pick-up becomes excessive enrollment may be terminated.

Termination of Agreement

Either Parent / Guardian or Ankeny Christian Academy Child Care may terminate this contract by giving a two week advanced notice. Payment is required for the two week period regardless of attendance. Ankeny Christian Academy Child Care may terminate contract immediately without notice when payments are not made.

Verification

I agree to all of the above terms and conditions. If I have any questions, I will see the director or on site supervisor before signing the agreement.

Mother / Guardian _____ Date _____

Father / Guardian _____ Date _____

On Site Supervisor _____ Date _____