

HOURLY DAY CARE PROCEDURE

In order to have adequate staff on hand and to simplify billing procedures we have adopted the following plan. Day Care is available for a flat rate of \$6.00 per hour and must be purchased in advance for 10 hour increments for a total of \$60. A minimum charge of a half an hour will be incurred daily for *any* use of the daycare facility. Further charges will be made in half hour increments. Please notify the office in advance by filling out the, **Hourly Day Care Form** provided below. Additional forms are available in the Day Care Room and/or the office. Please check with the office if you will be using day care extensively (more than 6 1/2 hours per week). A flat rate of \$1300.00 for unlimited day care is available.

Your child must be signed in and out of the Day Care Room. This is a must both for security and billing purposes. Failure to do so will result in a charge for the full time of the requested daycare service.

The Day Care Room closes promptly at **6:00 p.m.** As a courtesy to our staff, we ask that you arrive **NO LATER** than 6:00 p.m. If you do arrive after 6:00 p.m., please be assured your child will be cared for. The fees charged at this time will be **\$6.00** for the first **5** minutes, or portion thereof, and \$6.00 for each additional **5** minutes thereafter. Please make the check payable to the staff member on duty at that time.

Mt. Clemens Montessori Academy Hourly Day Care Form

Child's Name: _____
Teacher's Name: _____

I will need day care for my child as follows:

_____ For week of _____

_____ On a regular basis (until further notice)

| | Monday | Tuesday | Wed | Thursday | Friday |
|-------|--------|---------|-------|----------|--------|
| From: | _____ | _____ | _____ | _____ | _____ |
| To: | _____ | _____ | _____ | _____ | _____ |

Parent or Guardian Signature _____

I have signed and returned the **Parent Notification of the Licensing Notebook** and received a copy of the **Health Care Plan**