

**CONTRACT**  
**Dane County Parent Council, Inc. - Child Care**  
**Doing Business As: REACH DANE**  
**2096 Red Arrow Trail**  
**Madison, Wisconsin 53711**  
**608-275-6740**

<b>Program Use Only</b>
Start Date: _____

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Site: \_\_\_\_\_ Classroom: \_\_\_\_\_ HS/EHS Enrolled? N Y FA: \_\_\_\_\_

Hours of Childcare Center: \_\_\_\_\_ to \_\_\_\_\_ Provider Number: 1000559601 Location Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

**Payment of Tuition/Co-pay:**

I understand that tuition payments are required in advance of care. Payment by MyWICChildCare electronic benefits transfer (EBT) card is due on the FIRST of each month. I understand that I am responsible for any parent share (co-payment) and/or charges not covered by my subsidy. **Failure to maintain a subsidy, pay tuition with MyWICChildCare EBT card by the 10<sup>th</sup> of the month, and/or pay the parent share may result in termination of enrollment.**

Because the tuition is based on reserving a space for my child, I also understand that I will be charged for scheduled days not attended and days when the center is closed for holiday, snow days, staff training days, etc. I understand that I must notify Reach Dane of my job, school, and subsidy status changes as they occur and I must work with staff to maintain full-time eligibility.

**Payment of Tuition made by (check box):**

- Wisconsin Shares    City of Madison Child Care Assistance    Foster/Kinship  
 Other (*i.e.*: CCTAP, AIM, ECI, CPS, etc.) and Parent/Guardian (Parent Share)

**My Current Monthly Tuition Rate is:** \$ \_\_\_\_\_ per month

I understand that I am responsible for the parent share (co-payment) and any charges not covered by my child care funding source. \_\_\_\_\_ **Parent/Guardian Initial**

**Authorized Schedule:** (Give arrival and departure times, within authorized hours)

	Mon.	Tues.	Wed.	Thurs.	Fri.
Drop-Off Time					
Pick-Up Time					

**Attendance Schedule:** (Give arrival and departure times, to include HS/4K if necessary)

	Mon.	Tues.	Wed.	Thurs.	Fri.
Drop-Off Time					
Pick-Up Time					

*If the hours of care need to change, parent/guardian are to discuss this with site staff in advance of care. Please Note: changes in schedule, monthly tuition, parent share amount override all previous contracts. All other policies remain in effect.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_