

GCCA Child Care Center
Genesee Community College

Contract for Services

<u>CHILD/RENS NAMES</u>	<u>AGE</u>	<u>BIRTHDATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF PARENT OR GUARDIAN _____

Parent's Social Security Number _____

Address _____
Street

City _____ State _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

I would like my child/ren to attend the Campus Child Care program on the following days for the time outlined during the _____ semester, _____.

Please indicate the EXACT times your child would be in center. Center hours are 7:30am – 5:00pm Monday through Friday.

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Time In:	_____				
Time Out:	_____				

Office USE ONLY _____

I understand the contract, rates, and other information contained in correspondence from the Vice President of Student Services and Center Director.

Parent/Guardian Signature

Center Director

Date: _____

Please Note: Contract is valid only after being signed by the Center Director.