Mt. San Antonio College
Child Development Center

Requested Care Hours

PLEASE PRINT
Child's Name: ___________________________ Child's Birthdate: ____________

Mom's Name: __________________________ Mt. SAC I.D. Number: ____________

Dad's Name: __________________________ Mt. SAC I.D. Number: ____________

Status (Check box that applies): ☐ Veteran ☐ Staff/Faculty ☐ DCFS

Duration of Care Requested: ☐ Fall 20___ ☐ Winter 20___ ☐ Spring 20___ ☐ Summer 20___ ☐ Between Semester 20___
(Choose One)

☐ Annual 20___ (Tuition Program Only)

As part of this request, parents must agree to abide by the following Center policies:

1. Parents MUST abide by contracted hours. Please add travel time to your requested contract hours. All tuition/fee based families must contract for a minimum of 20 hours per week.

2. Parents must notify the Center of absences. The Center phone number is: (909) 274-4920.

3. Parents are allowed ONLY TWO (2) CONTRACT CHANGES PER SEMESTER and ONE (1) PER INTERSESSION. No changes will be accepted after the 14th week of each semester OR after the 3rd week for intersessions.

4. ALL TUITION MUST BE PAID UPON RECEIPT. Tuition is considered delinquent by the 10th of each month during regular semesters. A $25.00 late fee will apply for each week of delinquency up to termination of contract.

5. TO OFFICIALLY TERMINATE A CONTRACT, complete a withdrawal form and submit to the office. Please note: WE DO NOT GIVE REFUNDS OR TUITION CREDIT IF CONTRACTED CARE IS NOT USED OR FOR EARLY WITHDRAWAL. We require at least two (2) weeks' notice for withdrawal or a penalty may apply.

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Office Use Only

List Hours Here

By signing this request, I am agreeing to abide by the hours I have listed above and state that I have read, understand, and agree to abide by the Center policies.

Parent or Legal Guardian Signature: ___________________________________________ Date: ________________

CDC Representative Signature: ___________________________________________ Date: ________________

Revised 10/13/15