



Mt. San Antonio College Child Development Center Requested Care Hours

Office Use
Class: _____
Rate: _____
Phys. Report Date: _____
Contract Start: _____
Contract End Date: _____
Contract Change: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd

PLEASE PRINT

Child's Name:		Child's Birthdate:	
Primary Parent/ Legal Guardian's Name:		Mt. SAC I.D. Number:	
Duration of Care Requested: (Check Box)	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Between Semesters 20____		<input type="checkbox"/> Annual 20____ (Tuition Program Only)

By signing this contract, parents/legal guardians agree to abide by all of the following Center's policies, including but not limited to the following:

1. Parents **MUST** abide by contracted hours. Please add travel time to your requested contract hours. Any applicable grace periods are for emergencies **ONLY**, not daily or routine use. 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. An absence form must also be completed.
3. Parents are allowed **ONLY TWO (2) CONTRACT CHANGES PER SEMESTER** and **ONE (1) PER INTERSESSION** [Summer/Winter]. 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 YOUR CONTRACT**, complete a Center 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 if refunds are to be applied.
6. **Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice:** This is a legally binding agreement. I understand that by signing this care contract, I release and hold harmless Mt. San Antonio College and the Mt. SAC Child Development Center, and all employees, volunteers, students, and all other persons or entities acting for them from any and all claims, demands, cost and charges, in connection with or arising out of personal injury, bodily harm, accidental injury, or property damage occurring while the above child/children is/are in care at Mt. SAC Child Development Center.

List Hours Here	Office Use Only			
	From	To	Total Hours	Reporting Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

By signing this contract, I am agreeing to abide by the contracted hours I have listed above and state that I have read, understand, and agree to abide by the Center policies as stated in the Parent Handbook. I also give permission for my child to participate in on-campus walks/field trips and for photos of my child and any artwork to be used in Mt. SAC publications or fundraising events, and secure social media.

Parent or Legal Guardian Signature: _____ Date: _____

CDC Representative Signature: _____ Date: _____