

**First Bethel United Methodist Church
Kings School Kids**

Contract Changes

Name of Child:

Change Effective Date:

Type of Agreement: (Please check selection.)

Hourly (less than 5 [five] hours per day) \$_____ per hour Number of Hours Per Week: _____

Days: M____ T____ W____ TH____ F____ Arrival time_____ Departure time_____ Time varies____

Weekly Contract: Days and amount of time child will be attending. Check all that are needed.

(Full Days are 6 [six] or more hours a day. Half days are less than 6 [six] hours a day)

Monday Full Day ___ Half Day ___ Tuesday Full Day ___ Half Day ___ Arrival time _____

Wednesday Full Day ___ Half Day ___ Thursday Full Day ___ Half Day ___ Departure time _____

Friday Full Day ___ Half Day ___ Times Vary _____

Total number of Full Days per week: _____ Total number of Half Days per week: _____ Weekly Contract Cost _____

Flex Care (30 day advance schedule)

Holding \$25 per week (min. 2 weeks notice to return)

_____ The above changes relate to care schedule only.

_____ I understand all other terms and conditions contained in the original contract remain in effect and are binding.

parent/guardian signature

Date

Director signature

Date