



*Based on your child care needs, please select your user option. We reserve the right to determine which option is most relevant.*

## Full-Time

**\* First priority for bookings \***

- 1) **My child will attend 5 days a week, every week.**
- 2) I will submit a monthly schedule by the due date indicated, including accurate drop off and pick up times for staffing purposes.
- 3) If my schedule is not received by the due date, I recognize that my child's spot cannot be saved and we will then be considered Call-In users.
- 4) I am aware that all released monthly schedules are available on the Chapleau Child Care website to assist with timely schedule submission.
- 5) I am aware that I cannot remove or change dates once I have submitted my schedule and that I will be invoiced for that schedule.
- 6) I will monitor my email account to view the monthly invoice that I am sent in advance, for the schedule I have submitted.
- 7) I understand that payments are due as per dates indicated on my invoice.
- 8) My payments will be made online or cash.

Parent Signature

Date

## Part-Time

**\* Second priority for bookings \***

- 1) **My child will attend at least 3 days a week, every week.**
- 2) I will submit a monthly schedule by the due date indicated, including accurate drop off and pick up times for staffing purposes.
- 3) If my schedule is not received by the due date, I recognize that my child's spot cannot be saved and we will then be considered Call-In users.
- 4) I am aware that all released monthly schedules are available on the Chapleau Child Care website to assist with timely schedule submission.
- 5) I am aware that I cannot remove or change dates once I have submitted my schedule and that I will be invoiced for that schedule.
- 6) I know that if I would like to make additions to my schedule, they will need to be made on a Call-In basis (call day-of and cash payment).
- 7) I will monitor my email account to view the monthly invoice that I am sent in advance, for the schedule I have submitted.
- 8) I understand that payments are due as per dates indicated on my invoice.
- 9) My payments will be made online or cash.

Parent Signature

Date

## Call-In

- 1) **I will call on the day that care is needed - no advanced bookings.**
- 2) I understand that my child will be able to attend IF there is room in the program with existing staffing arrangements.
- 3) I understand that, because of limited space in the program, the Centre cannot guarantee child care services.
- 4) I will pay for my child care use when I drop off my child and I am aware that staff cannot accept my child until my fee is paid.
- 5) My payments will be made with **CASH ONLY**.
- 6) I will not attempt to make advanced bookings for my child.

Parent Signature

Date