



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 my monthly schedules by the due dates indicated, including accurate drop off and pick up times for staffing purposes.
- 3) I am aware that if my schedule is not received by the due date, my child's spot may not be saved and we would then be Call-In users for the month.
- 4) I am aware that repeated failure to submit my schedules would prompt a change to Call-In status.
- 5) I am aware that all released monthly schedules are available on the Chapleau Child Care website to assist with timely schedule submission.
- 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 am aware that payment is due as per the date indicated on my invoice.
- 8) I will make my payments by e-transfer or bank transfer.

Parent Signature

Date

Part-Time

SELECT: 3 days/week
 4 days/week

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

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 my child care fee(s) when I make my booking and I will not drop off my child without first making my payment.
- 5) I will make my payments by e-transfer or bank transfer.
- 6) I am aware that once I make my booking, I cannot cancel it after that time.

Parent Signature

Date