

Schedule Contract

Child's Name _____ Birthdate _____

I request my child to attend Children's Community Center in accordance with the following contracted/scheduled times. **Any changes to this schedule will need approval from the Administrative Team and may incur charges per the Fiscal Policies.**

MONDAY	FROM:	TO:
TUESDAY	FROM:	TO:
WEDNESDAY	FROM:	TO:
THURSDAY	FROM:	TO:
FRIDAY	FROM:	TO:

Classroom # _____

I have received, read, and understand the **FISCAL POLICIES** of Children's Community Center and agree to be bound by the policies therein.

SIGNATURE: _____ DATE: _____

SOCIAL MEDIA PHOTO RELEASE PERMISSION

CCC has a Website and Facebook Page. Please indicate permission for your child's photo to be included in public posts to these Social Media pages. If you decline photo release permission, your child will not be shown in any public postings.

Yes____ No____

Photo Release Permission

We rely on Email for billing and communication purposes. Please PRINT your Email address below.

Parent/Caregiver #1 Email _____
Parent/Caregiver #2 Email _____