

# ICC Child Care Center Billing Contract

Child's Name:		Date of Birth:		Start Date:	
Parent's Name:		ICC ID #:			
Phone:		E-Mail:			
Address:					

### What Is Your Affiliation with ICC ?

ICC Student:		FT ICC Staff:		FT Faculty:	
Public:		PT ICC Staff:		Adjunct Faculty:	

### Are You Receiving Any Of The Following Financial Assistance ?

Child Care Connection:		Financial Aid:		Other or None:	
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### If Receiving Child Care Connection how will you pay your monthly Co-Payment and Registration & Supply Fees?

Charged to Financial Aid ?		Check or Cash at beginning of semester?		Auto-Payment from Charge Card or Bank Account?	
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### Which Semester(s) Does The Schedule Below Apply To?

Fall Only		Spring Only		Summer Only	
August Mini		January Mini		May	
All Year		Vacation Dates (if qualified)			

**Please fill in the times you will need care below the appropriate days. Don't forget to allow for transportation time to and from class or work. Also, please keep all times in 15 minute increments.**

Daily Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

**I understand that all schedule changes differing from those listed above, will be in writing and approved by the Child Care Center Manager. I am also aware that I will be billed for the days and times I have listed above. If I need to add days or times, I will notify the Child Center Manager in writing, and charges will be added to my account. If I need to remove my child from the center, I will provide two week's notice in writing to the Manager.**

**I agree that by signing below I am obligated to pay the account in accordance with the rates and terms of Illinois Central College and the Illinois Central College Child Care Center. Should the account be referred to a collection agency by Illinois Central College, I will pay reasonable collection expenses. All delinquent accounts bear interest at the legal rate. I certify that I have read and do understand the procedures and promise to pay the total fees by the due date.**

Parent Signature:	Date:
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*Office Use Only: \_\_\_\_\_ Date Received \_\_\_\_\_ Enrollment Sheet \_\_\_\_\_ Excel Sheet \_\_\_\_\_ People Soft \_\_\_\_\_ Marketplace*