

GCCA Child Care Center
Genesee Community College

If you require assistance filling this form, please contact
the Child Care Center.

Office Use Only		
Student	Staff	Comm
App fee ck cash online_____		
Reg forms given _____		

Contract for Services

CHILD/RENS NAMES	AGE	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Parent/Guardian #1 _____ Phone # _____

Name of Parent/Guardian #2 _____ Phone # _____

Student ID Number: _____ Email Address: _____

Street Address _____

City _____ State _____ Zip _____

I would like my child/ren to attend the Campus Child Care program on the following days for the time outlined during the (Fall or Spring) semester, _____(year). Please indicate the EXACT times your child would be in center. Center hours are 7:30am – 5:00pm Monday through Friday.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time In:					
Time Out:					

I understand the contract, rates, and other information contained in correspondence from the Vice President of Student Services and Center Director. **There are no holiday, sick, vacation or emergency closing credits. Staff and community parents MUST contract a minimum of two days per week.**

Parent/Guardian Signature

Center Director

Date: _____

Please Note: Contract is valid only after being signed by the Center Director.

The GCCA Child Care Center has a 2 week withdrawal policy.

Withdrawal from center _____ Parent Signature _____ Date