



**Contracts due ASAP to hold space.
After Nov. 1st higher rates may apply.**

**Dec. - Jan. Full Day Contract
"Remote for all" Learning Time**

14 Vine St. Peterborough, NH 03458
(603) 924 7050 - phone and fax

Child's Name: _____

Date Enrolled (Staff Use) _____

Child DOB _____ **Grade** _____

I WOULD PREFER AN EMAILED BILL AT ADDRESS BELOW
I would prefer a paper billed mailed to my home

School _____ **Phone** _____ **POD** _____ **Teacher** _____

Registration is now being accepted for full day care during the time period when Conval District is "Remote for all" Space is limited. Registrations will be processed in the order received. Programming will be provided at the SKIP building, along with walking field trips. The fee includes breakfast before 9:00 A.M., as well as two healthy snacks. You provide lunch with beverage. The cost per week \$175.00 and must be prepaid. The daily rate is \$35.00 for a full day, with a minimum of 3 days per week. All regular registration materials must be filled out and registration fee applies if not already registered. We follow NH DHHS Rules for Childcare in our screening processes and protocols to keep your child Covid safe. Please read all SKIP policies on our website www.kidsatskip.org

Parent 1: _____ Parent 2: _____

Address: _____ Address: _____

email: _____ Tel (cell) _____ email: _____ Tel (cell) _____

Tel. (H) _____ (w) _____ Tel. (H) _____ (w) _____

Week	Full week (circle one)	Mon check below	Tues check below	Wed check below	Thur check below	Fri check below	Total of days each week (Must be at least 3) 3, 4, 5	Total owed for the week (Days x \$35)
1 Nov. 30 - Dec. 4	YES or NO							\$
2 Dec 7 -11	YES or NO							\$
3 Dec 14 - 18 (closed 12/21,22)	YES or NO							\$
4 Jan 4 - 8	YES or NO							\$
5 Jan 11-15	YES or NO							\$
GRAND TOTAL								\$

Hours of operation are: 6:30 A.M. to 5:30 P.M. Monday - Friday.

Signature of this contract indicates acknowledgement that PAYMENT is due whether child attends, OR NOT. NO REFUNDS WHATSOEVER. SUBSTITUTIONS ARE NOT GUARANTEED. PLEASE PLAN CAREFULLY

Parent signature _____ **Date** _____

When filling out our regular registration paperwork, there will be space to let us know about your child, and any allergies, especially food, or learning or behavior issues they may have.