

Contract Agreement

As the parent(s), I (we) agree to:

Inform the day care provider in advance if the child cannot be brought in or picked up at the regular time.

Make sure the day care home always has a clean change of clothing for the child.

Provide any special food, clothing, or equipment (such as diapers, bottles, etc.) that is needed for the child.

Report any change in address, telephone number at home or work to the day care.

Inform the day care provider in writing **thirty (30) days in advance before removing the child from the day care** home and pay for the 30 days at the rate specified below if no notice is given.

Give two weeks' notice if the schedule changes from the below-agreed schedule and sign a new contract if it is a permanent change.

Pick up the child if the child or the day care provider becomes sick while at the day care.

Pay for days that my child is not at the day care from the agreed schedule stated below for sickness, vacations, or other reasons.

Pay Kidcare Daycare for two weeks' vacation per year, five sick days per year and holidays listed on page 6 of the parent handbook. **See Holiday Schedule Hand-out yearly.**

Pay a **\$2.00-dollar late charge per minute-up to \$120.00 an hr.** they have my child before or after normal operating hours, 7:00am-4:30pm., if the day care provider **is not notified.**

Pay a **\$15.00 per child late charge for up to 5 to 15 min. increments-up to \$60.00 an hr.** late at the time they have my child before or after the normal operating hours if the day care provider **is notified.**

Provide payment at the rate of **\$ 325.00** per week beginning _____ for

You pay \$ _____ a week (subsidy pays \$ _____ a week)

(Name of child) _____ Withdrawal date (Office use) _____.

Child's approximate withdrawal date (Parent use) _____.

Payment will be made every Monday in advance for that week's childcare expense, or your child will not be able to attend.

Fill in the time slots requested with approximate IN and OUT times.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time IN					
Time Out					

If I/we are late, I/we will call the day care provider, Lynn MacAulay.

I/we have read the "Family Handbook" and agree with KIDCARE'S policies.

Signature of parent or responsible person _____ Date _____

Agreement for Childcare Services

Welcome to Kidcare Daycare! You are welcome to visit at any time during our business hours, which are from 7:00 AM to 4:30 PM, Monday – Friday, year-round.

Services will be provided to:

Name of child	Birth date	Hours / days of attendance
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Expense; Basic family fee: \$325.00 per week Due: prior/upon arrival to cover weekly, Bi-weekly, or monthly childcare expense. Payment must be set up as a (Recurring Auto Direct Deposit). Enrollment Contract & Application will not be accepted without enrollment deposit starting fee/payment.

Payment obligation is based on the hours you agree to use for the childcare, not on actual hours of attendance. Payment is due if you have agreed to use certain blocks of time whether the child attends during those hours.

Your fee includes:

- ☐ Breakfast
- ☐ AM snack
- ☐ Lunch
- ☐ PM snack
- ☐ Supper

Enrollment Star-up Fee

Enrollment Fee, Per child	<u>\$150.00</u>
Deposit for the spot to be held for first week starting enrollment	<u>\$325.00</u>
Total starting fees - cover first week of enrollment	<u>\$475.00</u>

Payment for childcare will be made in the following manner: **Auto Bank Wire** _____

Recurring Auto Direct Deposit _____ (personal checks are not excepted)

Options for making payments will be made in the following manner: **weekly** _____,

bi-weekly _____ **or monthly** _____

This agreement may be cancelled by the provider for any of the following reasons, except in the case of a trial enrollment period, I will give you up to one week's notice when asking you to discontinue enrollment. Note: see list on page 12 in the Family Handbook for following reasons (But not limited to):

1. Nonpayment of fees.
2. Uncooperative parents or guardians.
3. Failure of child/children to attend for three days (72hrs) without notification.
4. A sole and unrestricted decision after a one-week trial enrollment that it is not in the best interests of my program to continue this enrollment.
5. Thirty (30) days' notice in writing by a parent or guardian of intention to withdrawal.
6. A serious illness that prevents the child/children from participating.

I (we) agree to cooperate with the general policies of this family day care home and to abide by its rules and regulations which have been given to me to read. I (we) agree to cooperate with and abide by those policies and rules and regulations that may be established in the future. My (our) signature(s) below indicates that I (we) have read this contract and that it has been explained to my (our) satisfaction.

Parent or Guardian signature: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Spouse's name: _____ Date: _____

Address (if different): _____ City _____ State _____ Zip _____

Provider of care: Lynn MacAulay, Owner/Director Date: _____

Witness: _____ Date: _____

(This may be a grandparent, spouse, OR close friend you know)

Vehicle Information

Make of vehicle: _____ Model: _____ Color: _____

Body type: _____ Year: _____ Plate #: _____

Driver/owner of the vehicle: _____