# **By signing this contract, you agree to the terms** and **conditions outlined in the Parent Handbook. This contract will cover your child (ren)’s care for a term of one year from date of signature, unless otherwise noted. Tuition rates may change periodically at my discretion, but not during the term of this contract.**

1.) **This agreement is made between:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_-\_\_\_\_\_

Mother’ s name Address Home phone Work phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_-\_\_\_\_\_\_\_

Father’ s name Address Home phone Work phone

OR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_-\_\_\_\_\_

Guardian’ s name Address Home phone Work phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_-\_\_\_\_\_

Guardian’ s name Address Home phone Work phone

1. **Provision of child care for:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’ s name Birth date

1. **Agreed Rate and Payment Policy:**

Payment for the coming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_will be made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (1 week, 2 weeks, bi-monthly ,month) (Each Friday, the 1st  or 15th or last of the month)

or late fees will apply as **$10.00 per day**. Unless prior arrangements have been made.

When school is out will be $ \_\_\_\_\_\_\_\_\_per hour, not to exceed the current tuition charge of \_\_\_\_\_\_\_ per week for full time care. Not including any transportation fees if they are applicable to this child/ren.

 **SRS Clients** \_\_\_\_\_\_ initial here that you acknowledge that you are responsible for all services not covered by SRS.

All SRS payments are payable by the 5th of each month unless other wise stated in this contract.

1. **Deposit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A deposit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is required, which will be applied to the child’s

 (1 weeks, two weeks’ tuition, 1 month’s tuition)

last enrollment period. This deposit will be forfeited if care is terminated with less than two weeks notice.

This contract may be terminated at any time, for any reason by either party with proper notice. Proper notice will consist of written or verbal notice to the provider not less than two weeks prior to the child’s last day of care. If you choose to terminate care with less than proper notice, you agree to forfeit the entire deposit. In addition to the deposit, regular tuition charges will apply for the remaining time your child is in care. Even if you choose for your child not to attend last 2 weeks.

 Yearly Supply / Enrollment fees are NON refundable Yearly supply / enrolment fee paid of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If at any time, after consultation with the parent or guardian, I feel that you or your child pose a safety risk to myself or any of the children in my care, I will give you as much written notice as possible that care is terminated. This action will be reserved for extreme cases only, and I will first attempt to resolve any issues with you before resorting to termination of care. Under these conditions, forfeiture of the deposit will be at my discretion.

# **Arrival and Pick up times:**

 Your Scheduled arrival time will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and your pick up time is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 You need to be on time or you will be charged $2 for every minute late**.**

As stated in the handbook.

 **(Unless prior arrangements have been made)**

1. **Effective Dates:**

This contract covers your child(ren)’s care from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Date) (Date)

1. **Signatures:**

# **By signing below, you acknowledge receipt of the Parent Handbook, and agree to the terms outlined in this contract.**

(Parent or guardian) (Date)

(Parent or guardian) (Date)

(Care provider) (Date)