

# EARLY RESULTZ



Daycare & Learning Center

## Child Care Agreement

*Welcome to Early Resultz and Learning Center. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. Parents are welcome to visit at any time during child care hours.*

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

### Hours and Days of Operation

Child care services will begin on \_\_\_\_\_, 20\_\_

The hours for care will begin at \_\_\_\_\_ a.m. /p.m. and end at \_\_\_\_\_ a.m. /p.m. on the following days:

**If your child is going to be absent or late, please call in advance.**

**Holidays recognized by center are posted in the Parent Handbook.**

**My Typical hours are:**

Day of Week	Time In	Time Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

### Fees

\$ \_\_\_\_\_ per week for full-time care.

\$ \_\_\_\_\_ per hour for regular, part-time care.

\$ \_\_\_\_\_ per hour for drop-in care, if space is available.

\$ \_\_\_\_\_ \$1.00\_ per minute beyond scheduled pickup will be charged.

Child care fees are payable in advance and are due no later than Monday at 5:00 p.m. of that week of care.

Fees will be paid: weekly \_\_\_\_ bi-weekly \_\_\_\_ monthly \_\_\_\_\_. (**\$10.00 FEE each day not to exceed the Friday of the week of care**)

A registration fee of \$ \_\_\_\_ 150.00 \_\_\_\_ be paid at the time of enrollment.

Child care fees will be paid by: cash/check, M.O. \_\_\_\_\_ DSS \_\_\_\_ (if DSS what is your Co-Pay?) \_\_\_\_\_

**Notice:**

A two-week written notice is required for any of the following:

1. Termination of the agreement by either party.
2. Vacation periods for families (1/2 of rate is still required)

A 30 Day written notice will be given for any rate increases

**Illness**

Please notify me if your child will be absent because of illness.

If the child is absent, payment is still required to reserve your child's space.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

If your child becomes ill during care, you will be asked to pick up your child within \_\_\_\_1\_\_ hours. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when they have been symptom free for 24 hours.

**Immunizations**

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child's file.

**Clothing**

Label your child's clothing and other items with his/her name and bring it in some type of storage bag. Supply at least one change of clothes and the following: diapers, baby wipes and bibs.

Other \_\_\_\_\_

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Printed Name \_\_\_\_\_