

Deepa's Daycare - Contract

This contract is made between the parent(s)/guardians:

_____ name of parent(s)

_____ address of parents(s)

and name of family child care provider for the care of the following children:

_____ child's name and date of birth

_____ child's name and date of birth

_____ child's name and date of birth

The payment for care shall be \$_____ per week/ day/ hour

and reflects a schedule as follows:

arrival time 8 am and pick up time 6 pm on the following days: _____

The above times and days are flexible.

If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick up fee of \$1/minute will be charged.

Payment is due to the provider in advance of care and paid on the 1st day of the month. Accepted methods of payment include cash, personal check, credit card, or money order. If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$100/- return check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.

If a payment is not made on time, a fee \$100 will apply.

Additional charges:

The provider will charge additional fees as follows: (i.e. for supplies, special trips, damaged property, etc).

Termination Procedures:

This contract may be terminated by the parent(s) or the provider. A 4 week notice prior to the last date of care is required.

The provider may immediately terminate this contract without any notice if payment is not made on time.

Other:

If the provider chooses not to enforce any portion of the contract, it does not give up the provider's right to enforce any other portion of the contract. • The contract can be revised at any time by the provider if necessary.

Signatures:

The signatures below indicate agreement with this contract and with the written policies of the provider (contained in a separate document). The provider may change policies as needed with advance written notice.

_____ Parent's name
Parent's signature/date

_____ Parent's name
Parent's signature/date

_____ Provider's name
Provider's signature/date