

## NeeNee's Kings & Queens Childcare

**After reading the Daycare policy handbook, please read over this contract. Sign, date and return this copy to the provider. The provider will keep this contract on file and you will receive a copy of this signed contract.**

Date of Contract \_\_\_\_\_ Trial Period ends \_\_\_\_\_ Full Contract Effective Until \_\_\_\_\_

1st Child's Name \_\_\_\_\_ Sex \_\_\_ Birth date \_\_\_ / \_\_\_ / \_\_\_ / Age \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Sex \_\_\_ Birth date \_\_\_ / \_\_\_ / \_\_\_ / Age \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Home Phone # \_\_\_\_\_ Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Child lives with \_\_\_\_\_

Parent's or Guardian's Names \_\_\_\_\_ Marital Status \_\_\_\_\_

Please list all members of the child's household including ages of sibling's \_\_\_\_\_

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### EMERGENCY INFORMATION

In the event that a parent cannot be contacted, please list one person who can be notified in the case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please list all people who can pick child up from care without written consent from parents.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### CHILD CARE HOURS and FEES

**Hours:** Your Hours contracted for care will be from \_\_\_\_\_ to \_\_\_\_\_ on the following days: Mon. Tues. Wed. Thurs. Fri.

**It is important that arrival and departure times are punctual and brief-so that we can all get settled and proceed with our activities.** If you need care beyond the contracted hours you will need to prearrange this with the provider. The provider is under no obligation to provide an extension of time if such extension conflicts with the provider's own plan. Late arrival does not justify late departure.

**Fees:** The basic charge will be \$\_\_\_25\_\_\_ per \_\_\_Day\_\_\_ for full time/part time care. And shall be paid each Monday morning in advance (for the week) when you drop your child off for care. If your child will not be in care on Monday morning you will need to drop payment off prior to Monday morning. Do not put me in a position to ask for the payment – please remember to bring it.

**Late Fees:** A one-time fee of **\$10.00** will be charged for any late payments. Childcare will not be provided for clients with outstanding fees. Childcare will be reinstated when payment and late fees are paid in full.

**Overtime fees:** Overtime is considered any time outside the agreed upon interval of time. The following charges will be assessed for overtime incurred, payable upon arrival to pick-up the child:

- ◆ **\$4.00** per hour for prearranged overtime.
- ◆ **\$5.00** per 15-minute increment or portion thereof starting with the first minute in cases where overtime is not prearranged.

**TRANSPORTATION**

This signed contract gives the provider permission to transport by car or stroller or walk said child/ren to the following locations off the premises. The parent will always be notified of an outing before it takes place. All children under 7 years old will be in regulation car seats for their age and weight and all other children will wear seat belts.

1. Walk around the apartment complex 2. Park 3. \_\_\_\_\_ 4. \_\_\_\_\_

**TERMINATION/TRIAL PERIOD**

A two-week trial period will be in effect starting on the first day of care and ending on \_\_\_\_\_. During this trial period either party may choose to discontinue services with written notice. Parent will only be charged for day(s) child actually received care during trial period.

Either party with two weeks notice or equivalent tuition payment may terminate this contract. Both parties reserve the right to terminate without notice if the other party is in substantial violation of the agreement and/or safety or health of children is endangered.

**AGREEMENT**

Child may be picked up by the following:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relation: \_\_\_\_\_

I / we have read the Day Care policy handbook and contract and will comply with all the provisions contained therein. At this time I/we shall enter into contract with \_\_\_\_\_ for care of above named child/ren with the understanding that we shall work together on the behalf of the child/ren.

This contract is in effect until a change is mutually agreed upon in writing or upon termination of care. Both parties agree to cooperate and work together on behalf of the child and accept this agreement as a binding contract.

This contract is subject to review and renewal on \_\_\_\_\_. Any changes made by the provider to the terms of the contract must be made on the renewal date unless mutually agreed to before hand by the provider and parents or guardians who are parties to this contract. Otherwise, this contract will remain in effect until the renewal date or upon termination of care as set forth herein.

Parents/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Legal Address of Parents/ Guardian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Legal Address of Parents / Guardian \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have discussed and reviewed this contract and policy hand bank and agree to provide care for the above-indicated child/ren, to be placed in my home as long as the terms of this contract are upheld.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Address of provider \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contract Terminated on \_\_\_\_\_ Reason of termination \_\_\_\_\_

Revised 10-02