

ENROLLMENT CONTRACT

This is a child care agreement between:

Lindas In Home Childcare Center

AND:

Mothers name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Address: _____

Fathers name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Address: _____

For the care of the following child(ren): List full name(s) and current age(s)

Emergency Contact (in the event a parent cannot be reached)

The terms of this agreement are as follows:

Days of care: _____

Hours of care: _____

There will be a tuition fee of \$ _____ per week, payable in advance, no later than the 1st day of care in any given week.

Early starts and late pick ups (anytime before 7am or after 5pm) will be charged \$5.00 for every 15 minutes you are early/late. This fee is expected to be paid promptly on the day you are early/late.

To avoid any NSF payments or fees, all tuition payments are paid by credit or debit card within the daycare on the 1st of each month.

Parents are asked to provide the following:

Mu policy regarding a child who is absent: The monthly fee remains the same.

Holidays:

The following are considered days off and paid holidays for the provider providing they fall on a regular day of care:

New Years Day

Fourth of July

Thanksgiving

Christmas Day

My vacation policy is as follows:

I take a week or two off a year. You will be given a minimum of two weeks notice. There is no charge while I am on vacation.

Should you take a vacation, please give me a two week notice and your fee is half your regular rate to hold the child(ren)'s spot. Should you take more than one week of vacation in any year (your year begins on the date your contract is signed), subsequent weeks are charged at full rate.

In the event of termination of care, by either party, there is a required two week notice.

During the two week notice frame, you will be expected to pay each week in full regardless of whether your child attends daycare or not.

There is a two week trial period, during which either party may terminate this agreement at any time. At the end of the two week trial period, the contract will be in full effect. This contract will be up for renewal in ____ months. The undersigned agree to the terms of this contract:

Parent's Name:

Parent's Signature:

Date:

Provider Signature:

Date:
