

Discovery Preschool & Childcare Center Contract

PLEASE PRINT CLEARLY

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Home Address: _____

Mailing Address: _____

Home Phone _____

Cell Phone _____

Mother's Name: _____

Date of Birth _____ SS# _____

Employer/ Occupation _____

Address: _____

Work Phone: _____

Father's Name: _____

Date of Birth _____ SS# _____

Employer/ Occupation _____

Address: _____

Work Phone: _____

Emergency Contact Person and relationship: _____

Contact Number(s): _____

Pediatrician: _____

Phone: _____

Person(s) authorized to pick up your child: _____

Person(s) **not** authorized to pick up your child: _____

(Please note that a Parent cannot be denied the right to pick up their child unless a court order is on file.)

Child care terms (Please read parent handbook for complete policies and fees):

Enrollment- Full time _____ Part time _____ (if available)

Days and Hours of care- _____

Date Service to begin- _____

Rates: (Effective 1/30/12)

\$29.50 day (Up to 10 hours a day) Over a 10 hours will be assessed \$5.00 per hour additional rate.

\$ 33.00 day (Up to 10 hours a day) Toddler Program (Ages 12- 24 months)

Rate Child #1: _____/day
Rate Child #2: _____/day
Total Cost Per Day Contracted \$ _____

Type of Payment:

_____ Cash or Check _____ State Paid+ Co-Pay
_____ Other: _____

Payment: Cash/Check payments are due weekly by Wednesday. State assistance co-payments are due by the first of the month and the difference in your account is due weekly. A 10 % late pay fee is added to all past due bills after Wednesday of each pay week.

Parent Agreement:

- To be available during the day if emergency contact is required.
- To notify Center by 9 am if my child will not be there that day.
- To sign in and out each day.
- To maintain current immunization and daycare records.
- To complete all necessary paperwork for enrollment.
- To provide all items my child may need, medications, special foods, clothing changes, etc.
- To keep my child out of daycare when ill. To pick my child up as soon as possible if I am notified that he/she is ill.
- To give at least 2 weeks paid notice of termination of this contract.

Provider Agreement:

- To give advanced notice of any changes in this agreement.
- To provide a safe, clean, hazard free environment, as approved by the state.
- To notify parent or emergency contact if your child becomes ill while at the Center.
- To release your child only to authorized persons.
- To complete any necessary paperwork required for your child.
- To staff experienced, trained, professional care givers.
- To give at least 2 weeks written notice of termination of this contract.

This contract may be modified at any time with 30 days notice from either party. Cost incurred by Discovery Preschool in enforcing this contract, including collection service and/or attorney fees, will be sought through the court and paid by the parent(s) as a party to this contract. **I have read the Parent Handbook and this contract, and understand policies, fees and procedures. I understand that any if my account reaches over \$300.00 it will result in immediate suspension in services and the 2 week paid notice amount will then be added to my past due balance.**

Signature of Parent(s)/ Guardian

Signature of Provider

Date

Date