

Tiny Explorers Early Learning Haven Contract

This contract is between parent(s)

and provider

for the care of child(ren)

Child care will be provided from _____(am/pm) to _____(am/pm) on the following days each week (circle) Monday Tuesday Wednesday Thursday Friday

Client will pay \$ _____ per month/week (circle) and payment will be due at least one week in advance.

Termination Procedure Trial Period

Child care will begin on _____

The client will pay \$ _____ per week. The first two weeks in the early education program will be an adjustment or trial period. During this time, either the client or the provider may cancel the contract immediately without written notice. The client will pay a prorated fee if the contract is canceled during this two-week trial period. Payment is due each day unless the contract is canceled before the day begins.

Advance Payment for the Last Two Weeks of Care

The client will pay \$ _____ when signing the contract; this deposit will pay for the client's last two weeks of care, even if the provider's rates are raised later.

Initial the following:

1. Client agrees to pay an additional 2.9% processing fee if paying with a credit card
2. _____ Client who fails to drop off or pick up their child on time will pay a \$2.00 per minute late fee. _____

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3. Client has read and agrees to the payment plan outlined in the provider holiday and vacation policy _____
4. Client must pay for child care whether or not the child is brought to care. Exceptions are (Client vacation days, and family emergency, etc.) _____
5. The contract may be terminated by the Client by giving a two-week written notice. The provider may terminate the contract at will (without notice). _____
6. By signing this contract, the Client agrees they have read and will follow all the provider's written policies posted on the Tiny Explorers Early Learning Haven website _____

Client Name _____

Home address _____

Phone _____ Cell phone _____

E-mail _____

Client Name _____

Home address _____

Phone _____ Cell phone _____

E-mail _____

Provider Name _____

Address _____

Phone _____ Cell phone _____

E-mail _____

Client(s) signature

Date

Provider signature

Date