The Bay Kids, LLC

12990 Monticello Dr Mail to: PO Box 2179 Lusby, MD 20657 410-231-2131



Full-Time Contract

Updated February 2023

David C Houghton



The Bay Kids, LLC Childcare and Early Learning Center 12990 Monticello Drive Mail to: PO Box 2179 Lusby, MD 20657 Main: 410-231-2131

(Please Print) Parent(s) or Legal Guardian(s)

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2023 FULL-TIME CONTRACT - Revised* 21Jan2023

(two pages) **This Agreement** is made by and between The Bay Kids, LLC Childcare and Early Learning Center and

Parent/Guardian of _

Child's Full Name

It is my/our desire to have my/our child/children enrolled in the <u>FULL TIME</u> daycare program at **The Bay Kids, LLC Childcare and Early Learning Center.**

ANY DEVIATION FROM THIS SCHEDULE MUST BE NEGOTIATED 5 DAYS IN ADVANCE TO ALLOW STAFF SCHEDULE MODIFICATION. NO EXCEPTIONS

PLEASE INITIAL NEXT TO EACH ITEM. WE WANT TO BE SURE YOU UNDERSTAND AND AGREE TO THESE POLICIES.

- * _____PLEASE BE ADVISED THAT THE INSTRUCTION DAY BEGINS AT 8:00 am. Your child must be checked in prior to beginning of instruction or your child will be unable to attend for the day. This ensures minimal disruption to the rest of the class as well as scheduling of staff to student ratios as dictated by MSDE regulations. Please know we will do whatever possible to accommodate but, we cannot call in additional staff that may be required for the additional late students. Medical, dental, or related appointments do not apply, but must be documented.
 ______I/we are contracting for ____year-round __school year only ____summer only care. (Check one)
 ______I/we have received a copy of <u>The Bay Kids, LLC Childcare and Early Learning Center Parent</u> <u>Handbook January 2023.</u> I/we have read, understand and agree to abide by the policies contained therein. (Subject to change <u>ONLY WITH</u> advanced notice, always with addendum provided).
 _______I/we understand that my/our child is being accepted on a three-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to our daycare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled.
 ________I/we agree to give a minimum of two weeks written notice (ten full daycare days) of my/our intent
- to withdraw my/our child/children from the daycare program. If a two (2) week notice is not given, I/we agree to surrender full tuition deposit made as intended for the final two weeks.
- I/we understand that I/we must provide a completed medical form to the daycare **prior** to first day of care.
- _____ Until further direction, A COVID memo which contains guidelines on health and safety protocols for our center will be included in your enrollment package.
 - _**** I/we understand and agree to the Weekly Tuition Rates pricing provided by the Center. Prices subject to change as required due to market conditions. We maintain the lowest prices to remain affordable, so our margins are very low. *Please discuss with Director, we can work with you!*



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_____I/we understand there will be no adjusted tuition rates during school weeks if there is a snow day, late start, or early dismissal.

I/we understand daycare payment is due the Friday before the following week of care. A late fee of \$40.00 per week will be assessed if payment is not received by COB on the Friday. An additional \$40.00 per week if prior late fee has not been reconciled or "caught up" before the next scheduled Tuition payment. We do not allow accounts to be more than two-weeks pas due. Termination of enrollment will occur.

Again, please discuss with Director, we can work with you!

_____ I/we have contracted for the hours of ______ to _____. *I understand there will be an additional charge for excessive early or late arrivals and outside these times.*

_____ I/we understand the early drop-off/late pick-up fee is \$10.00 per quarter hour, rounded to the closest quarter hour.

_____ I/we understand the pick-up policy for *other than parental* pick up. (Authorized Guardian Pick up)

_____ I/we agree to pay the last week's (last week of enrollment) tuition during the first week of enrollment.

_____ I/we have references if requested.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF BOTH THE **PARENT(s)** AND **THE BAY KIDS, LLC**; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

The Bay Kids, LLC Full Time Contract January 2023.

SIGNATURE PAGE ORIGINAL - TO BE FILED IN FAMILY FOLDER COPY - TO CUSTOMER (PARENT)

(Please prin	nt)	 	
Signature _		 	
Parent of:		 	

Primary Contact Method

Date of Signature _____

Thank you,

Parent

Shannon N. O'Steen, Director

The Bay Kids, LLC Childcare and Early Learning Center MSDE/OCC License No. 250638 12990 Monticello Dr. Mail to: PO Box 2179 Lusby, MD 20657 410-231-2131 – Main



END OF CONTRACT



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MSDE/OCC License Number 250638

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