



I LOVE TO LEARN, LLC CHILD CARE CONTRACT

This agreement is between:

1. _____
Parent/Guardian (Full name) Home Phone Work Phone

Home Address including ZIP Code

Employer/School Address and Phone Number

and
2. _____
Parent/Guardian (Full name) Home Phone Work Phone

Home Address including ZIP Code

Employer/School Address and Phone Number

and
3. _____
Child Care Provider Phone

Home Address including ZIP Code

For the care of: _____
Child's Full Name Child's Birth date

With an agreed upon start date of _____ Deposit due: _____ Enrollment Fee \$25

Paid on _____

RATES & PAYMENTS

Payment shall be \$_____ per week. Payment Schedule: ___Bi-weekly ___ Monthly

Enrollment is ___ Fulltime ___ Part-time ___ 4k Afternoons or After School Care

Two weeks of payment shall be paid as deposit to hold a child's spot. This money will be applied to the last two weeks of care. This money is forfeited by the parents if the termination policy is not followed. This deposit is NON-REFUNDABLE if care not initiated by parent's choice.

This payment does not include extra charges that may be incurred for field trips/special events/supply fees, etc, as agreed upon in advance. These charges will be the parent's responsibility.

Payment shall either be due every other FRIDAY prior to the following weeks of care or the fourth Friday before the month of care. If payment is not paid by the following business day at drop-off, care will be suspended until payment is made in full. A \$10/week fee will be added to late payments.

Refunds will not be paid for days when children are not in care due to illness, vacations, or absences. Tuition payments are non-refundable.

There will be a \$5.00 fee for each child picked up between 5:30 and 5:35 pm. After 5:35 pm, an additional \$1.00/minute fee will be added. I LOVE TO LEARN, LLC is only licensed to care for children till 5:30 P.M. Time will be recorded using providers cell phone, and late payment form will be signed by provider and parent.

A \$35.00 charge will be added to any returned non-sufficient funds (NSF) checks. After two NSF checks, payment will no longer be accepted in the form of a check.

Delinquent accounts that are not satisfied within 90 days will be subject to legal action.

SCHEDULE

I LOVE TO LEARN, LLC operates from 7:30 am to 5:30 pm, Monday thru Thursday.
The child's normal schedule within those hours will be:

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____

I LOVE TO LEARN, LLC does not follow the calendar of any school district. Weather related closings are at the discretion of the provider.

The center will be closed for the following holidays:

Memorial Day

July 1st - 5th (No fees charged)

Labor Day

The week of Thanksgiving (No fees charged)

December 24th – January 2nd (No fees charged)

If a holiday falls on a Sunday, the center will be closed the following Monday. Holidays that result in a closure of only 1 day will be paid.

Up to three additional weeks of provider vacation may be scheduled each year resulting in center closure. Parents will have no fees during these weeks. All parents/guardians will be provided written notice four weeks prior to a week of vacation apart from emergencies. I LOVE TO LEARN, LLC may be closed for up to 7 days throughout the year so that the provider may attend Continuing Education activities. Parents will be given a minimum of 2 weeks notice. Payment is expected as normal as rates are adjusted for these occurrences. Continuing education activity is required to maintain state licensure.

TERMINATION

If a family ends care with I LOVE TO LEARN, LLC, a two-week written notice is required. Payment is due whether or not the child is brought to the provider for care. If a two-week notice is not given, tuition for the last two weeks is nonrefundable.

I LOVE TO LEARN, LLC reserves the right to terminate care at any point in time. The decision to terminate care is the sole discretion of the provider. All decisions are final.

WAIVER

Failure by the provider to enforce one or more of the terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

SIGNATURES

By signing this contract, parents/ guardians agree to abide by the contract and the written policies of the provider. The provider may amend the policies by giving the parents/guardians a copy of the new or changed policy.

Provider's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Co-Signer Signature _____ Date _____

If the parent/legal guardian is under 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial agreements held within this contract.