



Family Child Care

Owner: Alma Virginia Figueroa

619-379-1135

License #376629577

Located at:

441 Briarwood Rd, SD, Ca 92114

Monday thru Friday

7:30 am to 5:00pm

*Closed on certain holidays. Please see the Family Handbook

RATES:

	Full time	Part Time
Infants (0-17 months)	\$400	\$350
Infants (18-23 months)	\$350	\$300
Toddler and Preschool (2- 5 years)	\$320	\$280
School Age	\$280	\$230

Enrollment: 80 dills

PROVIDER-CLIENT AGREEMENT FOR CHILDCARE SERVICES

This contract is made between: _____ and Alma Virginia Figueroa, Ludokids LLC (childcare provider) for childcare services described below.

Childcare services will be providing for:

1. Name of child: _____ Date of birth: _____

Childcare services will begin on _____. Childcare is open year-round, except for holidays, vacations, sick and professional growth days listed in the Parent Handbook. The contracted days and hour of childcare services are as follows:

Monday _____AM/PM to _____AM/PM

Tuesday _____AM/PM to _____AM/PM

Wednesday _____AM/PM to _____AM/PM

Thursday _____AM/PM to _____AM/PM

Friday _____AM/PM to _____AM/PM

Childcare rate:

The charge for care is \$ ____ per (day/**week**/month), payable on the Friday prior to the upcoming week of care.

- Payment is accepted by cash, direct deposit, Venmo, or Zelle. Payment is due regardless of attendance. The children's fee must be paid a week in advance and due no later than Friday before care begins the following week.
- The client will pay a \$20.00 per day fee for late child care payments. For tax purposes, a yearly statement, W-10 form will be provided to each family by January 15th.
- Returned checks must be paid by cash. Additional returned checks will result in cash or direct payment only. There will be a \$35.00 returned check charge plus any additional charges incurred to myself and/or by the bank.
- Outstanding accounts will be sent to court and collections; the client will be responsible for all court costs.

Fee due upon enrollment:

*Advance payment for last one week of care in the amount of \$_____ (week/month), which will be credited towards the last 1 (# weeks) of childcare provided all provisions in this contract and the Parent Handbook are met.

Overtime rates:

- Overtime charges will apply for hours of childcare before and after your prior selected hours on your contract.
- Client will pay an additional fee of \$20.00 per 15 minutes if the child is dropped off earlier or picked up later than the time stipulated by this contract
- If prior arrangements are made with the provider the overtime rate will be based on the hourly rate located on page 1 of this document and based on your child's age group.

Other charges

- If the client is receiving state subsidized child care assistance, the co-pay will be \$_____ per month and responsible for paying the full amount of the fees under this contract if child care assistance payments are interrupted for any reason.
- Due to cost-of living increases, childcare fees will increase annually at a rate of 5%.

Release of child

Children may be taken from the provider's care only by the person's signature below and those named on the Authorization to Leave care form.

Trial Period

A trial period of childcare will begin on _____. The client will pay \$_____ per week. During this time, either the client or the provider may cancel the contract immediately, without written notice. If the contract is canceled during this 2-week trial period, the client will pay a prorated fee. Payment is due for each day unless the contract is canceled before the day begins.

Termination Procedure:

The client has the right to terminate this contract at any time by providing a written notice, along with two weeks' payment, in advance. The provider reserves the right to terminate the contract by providing a written notice of termination with a minimum of two weeks' notice, except in cases where the client or child poses a threat to the safety and well-being of other children in care or the provider's family, or fails to comply with the policies.

All parties involved acknowledge that this contract is a legally binding agreement and agree to abide by its terms. By signing this contract, clients confirm that they have read and understood the provider's policies and agree to adhere to them. The provider retains the right to modify the policies without prior notice. This contract is entered into by the client and provider and will remain in effect until the termination of care or the signing of a new contract.

By signing this page, you acknowledge that you have received and read the provider's policies and agree to comply with them.

Parent or legal guardians signature	Date
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Parent or legal guardians signature	Date
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Co-signers signature	Date
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A co-signers s required if the client is under the age of 18. The co-signer guarantees the contract and agrees to be responsible for all its financial terms if the client fails to pay the provider.

Provider s signature	Date
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Advance payment agreement for one week of care

The client agrees to pay an extra \$_____ a week for one week until one week of childcare has been paid in advance.

Client signature	Date
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Client signature	Date
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Provider signature	Date
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