Child Care Agreement

Director____Morgan Zoblisein_____ Phone Number _443-254-0294

Assistant Director____Kevin Zoblisein_____ Phone Number _443-254-4533

Address __20770 Cobly Drive, Lexington Park, MD 20653_

Welcome to The Owl's Nest Child Care. Parents are welcome to visit at any time during childcare hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please inform us of any changes regarding address, telephone or emergency numbers. ***Please complete the Emergency Contacts Information form before your child's first day.***

Family Information

Child's name: _____Sex: F___ M___ Date of Birth_____

Custodial Parent name(1): _____

Address: _____

Phone Number:_____ Email:_____

Custodial Parent name(1): _____

Address: _____

Phone Number:_____ Email:_____

Child care services will begin on _____ , 202 ___. Hours of care will begin at _____ a.m./p.m. and end at _____ a.m./p.m.

(Circle) Days of care will be provided on: **M Tu W Th F**

Routine Fees

$ _____per week for **(Circle)** **Full time care** **Part-time care** **Drop-in care**

$ _____per month for **(Circle)** **Before School** **After School**

Optional: $ _____extended care.

Enrollment Fees

Initial

____$ 300 Deposit for ages 2+ ____$ 350 Deposit for ages under 2 ____$ 150 Registration Fee

Initial

____ I have read the Parent Handbook ____ I understand the before/after care terms

____ I understand the Discipline Policy ____ I understand all information can be accessed on our website

____ I understand the Pet Policy ____ I have received information on the Infant and Toddler program (handbook)

Signature of Agreement _____