

Child Care Agreement

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Address 20770 Coby 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 childcare 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

Fees

\$ _____ per week for full time care.

\$ _____ per hour for regular, part-time care.

\$ _____ per hour for drop-in care, if space is available.

\$ _____ before OR after school, before AND after school

Optional

\$ _____ extended care.

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

Signature of Agreement _____

Tuition Rates		
August-July	24-25	25-26
Infant	\$315	\$345
2yo	\$275	\$300
3yo	\$275	\$290
4yo	\$270	\$285
School Age Program		
Before school		\$300/mo
After school		\$300/mo
Before and after		\$600/mo