

MARKED WITH JOY DAYCARE CONTRACT



This contract is made between the parent(s)/ guardians:
Parent(s) name:

Address of parent (s)

Name of the family child care provider is
Marked with Joy Daycare.

The name of the following children or child and birth date.

- (1)
- (2)
- (3)

The payment agreement with parent(s) _____ for
care; child name _____ shall be \$ _____ per week.

Following days Monday-Friday from 7:30am-5:30pm.

If the parent is going to be late picking up the child, every
effort must be made to contact the provider.

Also a late pick up fee of \$5.00 will be charged.

When first starting daycare a PRE-PAYMENT is due to the provider in advance of care.

I accept method of payment include; cash, money order, or personal check. (Note if a personal check is returned due to lack of funds, the parent/guardian must pay a return check fee that the provider might incur with provider bank, plus the amount owed to the provider for the care of child. If a check is returned more than one time ,only cash or money order will be accepted as payment.)

If a payment is not made on time the following fee will apply \$5.00 per day until paid in full.

- CHILD CARE ASSISTANCE PROGRAM
- If you are on the child care assistance program, the payment policy is as follows:
- I don't accept payments from the state. Families using the state subsidy program (CCAP) are to pay me directly. You are responsible for getting reimbursement back from the state.

Overtime rates are as follows:

For the purpose of this contract, overtime rates are considered any amount of time that care occurs prior to the scheduled drop off time or after the scheduled pickup time. (with advance notice by the parent and approval by

the provider. The provider agrees to provide overtime care at a rate of \$3.00 per hour.

Without advance notice by the parent and approval by the provider, the overtime rate will be \$8.00 per hour.

Payments during holidays, vacation, and other absences:
The providers will not be open for business on the following holidays:

- Christmas
- Thanksgiving
- Fourth of July
- Easter

BUT WILL MAKE EXCEPTION.

Parents are expected to pay for care on those holidays.

The provider will take (____) weeks vacation during the calendar year and will give parents (4)weeks notice of such upcoming vacation. Parents are expected to pay for care on those vacation days.

If a parent plans on taking a vacation and the child will not be in care , the Provider must be given (2) weeks notice.

Parents are expected to pay during their scheduled vacations.

When the Provider is ill and unable to care , he /she will make every effort to provide as much notice as possible.

Providers approved worker will be in place. Parents are expected to pay on provider sick days still.

When a child is ill , the parents are expected to make every effort to give the Provider as much notice as possible. Parents are expected to pay on child sick day. IF the child is sick more than a week please call soon as possible. Letter must be in writing from doctor to put in child's file.

If a child is scheduled to come and does not arrive , and the parent gives notice , the parent still has to pay for space. If the parent(s) does not give notice that the child is not coming , the parent is expected to pay.

Additional charges:

The Provider will charge additional fees as follows:

- Supplies
- Special trips
- Damaged property
- Extra personal things for the child
- pick up or drop off child

Termination Procedures:

This contract may be terminated by the parent or the Provider.

A (2) week notice prior to the last date of care is required.

The Provider may immediately terminate this contract without any notice if payment is not made on time other.

If the provider choose not to enforce any portion of the contract, it does not give up the provider's right to enforce any other portion of the contract.

The contract can be revised at anytime by the provider if necessary.

The signature below indicate agreement with this contract and with the written policies of the provider contained in a separate document. The provider may change policies as needed with advance written notice.

Parent's name: _____ parent's signature

Parent's name: _____ parent's signature

Provider's name: _____ Provider signature

Date: