Lending a Hand to the Future Childcare Contract

18 Lorraine Avenue
Mount Vernon, NY 10553
914-663-2790 (Fax) 914-663-2791
lendingahandtothefuture@gmail.com
www.lendingahandtothefuture.com

This contract is entered into by and between **Lending a Hand to the Future** and the parent/guardian.

_____

For the childcare of _____.

Gender_____

Child's Date of Birth_____

Home Address_____

Child's current school_____

Current Grade_____

Care for _____**(child) will begin on** _____**(date)**

Hours

Normal business hours for the after-school program are **Monday-Friday 3:00 PM – 6:00 PM. 6:30** if extended care is needed. **(At an additional charge)**

The parties to this agreement have agreed to the following schedule of care:

[] Monday – Hours:
[] Tuesday – Hours:
[] Wednesday – Hours:
[] Thursday – Hours:
[] Friday – Hours:

Person(s) authorized to sign child out of our care

Name_____ **Name**_____

Number_____ **Number**_____

Number_____ **Number**_____

Relation to Child_____ **Relation to Child**_____

Name_____ **Name**_____

Number_____ **Number**_____

Number_____ **Number**_____

Relation to Child_____ **Relation to Child**_____

Emergency Contact Information

Name_____

Number_____

Number_____

Relation to Child_____

Name_____

Number_____

Number_____

Relation to Child_____

Name_____

Number_____

Number_____

Relation to Child_____

Name_____

Number_____

Number_____

Relation to Child_____

Lending a Hand to the Future Inc

Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and Emergency Medical/Contact Information for Children

Child/Youth name: _____ (First) (M.I.)

Birth date: _____

Address: _____
Street City State Zip

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____ _____

Cell phone(s): _____ _____

Email_____

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____ _____

Cell phone(s): _____ _____

Email_____

Name and phone number of primary treating physician:

_____

Allergies (including medications child/youth can NOT take)

Special Health Concerns:

_____

Authorization to Obtain Urgent or Emergency Medical Care:

As the parent(s) or custodial adult(s) of _____(child/youth's name), I/we give permission for Lending a Hand to the Future Inc, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Permission to Participate, Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Lending a Hand to the Future, both on the facility premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Lending a Hand to the Future Inc.

I/we release Lending a Hand to The Future Inc, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Lending a Hand to the Future Inc; and I/we agree to indemnify and hold forever harmless Lending a Hand to the Future Inc, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Lending a Hand to Future or resulting from traveling to or from the activities of Lending a Hand to the Future, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us.

_____

Parent/Custodial Adult

_____

Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.
(Yes) (No)

_____
Parent/Custodial Adult

Date: _____ Photo Permission
I/we understand that my child may be photographed while participating in the activities of Lending a Hand to the Future.

I/we (**do**) or (**do not**) _____give permission for a recognizable image of my child to be posted on the Lending a Hand to the Future Inc website or bulletin boards. I understand that a nonrecognizable image, such as a group picture, may be posted.

_____
Parent/Custodial Adult

_____
Parent/Custodial Adult

Pricing and Fees

The tuition fee shall be as follows **$225.00** (price) weekly for after-school

- $**500.00** a week for summer program. **$50.00** Weekly for transportation $**50.00** for each half day.

- A deposit equal to one week's tuition, plus the first week of tuition is required upon enrollment. Your children's slots will NOT be reserved until this payment is received.

- Every payment thereafter is due weekly, on every Friday.

- Payment is to be made **ONLY** in cash, pay-pal, online or money order. All money orders are to be made payable to **Lending a Hand to the Future.**

- A receipt will be provided at the time of payment. A year-end statement of all childcare fees paid will be provided within the first three weeks of the New Year so that you can claim your childcare expenses on your tax return.

- An overtime fee of $10.00 per additional 15 minutes of childcare past normal business hours will be assessed if you fail to meet the agreed upon schedule of care in this contract.

- There is a 3-calendar day grace period for payment. Accounts not paid in full by drop-off Monday morning will be assessed a $10 per day late fee until payment is received. If payment is two weeks late, you will receive a written termination notice from us so that you can begin looking for a new childcare provider.

- We accept payment through the Department of Social Services and or Child Care Subsidy for parents who qualify. The application must be filled out and returned to the Department of Social Services within one week of your children's enrollment, or your children will not be accepted back into care until the paperwork is complete. You will still be responsible for any charges not covered by the Department of Social Services, such as overtime, absences, late fees, etc. These charges will be payable at the time they occur, or on the last day of the

childcare month, at our discretion.

- If you terminate the childcare arrangement without giving two weeks' notice, **YOU** will be held liable for the last two weeks' fees, as well as any costs we incur in attempt to collect the debt.

Child Abuse and Neglect

We are required by NYS law to report any suspected signs of child abuse and/or neglect. This includes any form of physical punishment/neglect by the parents/ guardian in the home **Termination of Contract**

We reserve the right to terminate for the following reasons:

- Failure to pay
- Failure to pay on time
- Physical or verbal abuse of person or property
- Chronic behavioral issues
- Our inability to meet the children's needs
- Serious illness of children or provider
- Continued late pick-up
- Lack of compliance with the policies and procedures by the children and/or the parents

We appreciate as much advance notice as possible when terminating and will give the same courtesy in return. If you decide that you no longer wish to have your child enrolled in our program. The two weeks will be paid in full, regardless of whether your children are in attendance

We/I agree to all the terms of the childcare contract and agree to abide by all the regulations stated in Lending a Hand to the Future's Childcare Contract.

(Signature)_____ (Print Name) _____

(Date) _____