

# Discover Little Miracles Parent / Child Contract

Discovery Stage Daycare Centers Ltd.

Open Monday thru Friday  
6:00 am – 5:30 pm

A separate contract must be completed for each child

Child's name: \_\_\_\_\_ Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_ SS# \_\_\_\_\_

Preferred method of contact: Text \_\_\_\_ Phone \_\_\_\_ Email \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_ SS# \_\_\_\_\_

Preferred method of contact: Text \_\_\_\_ Phone \_\_\_\_ Email \_\_\_\_

First Date of Attendance: \_\_\_\_\_

### Schedule

(No more than 10 hours per day)

4 Days ____ <b>OR</b> 5 Days ____
Monday ____ to ____
Tuesday ____ to ____
Wednesday ____ to ____
Thursday ____ to ____
Friday ____ to ____
Includes Breakfast, Lunch & Afternoon Snack

### Tuition

My registration fee is \$75 then \$50 each year after

My weekly payment will be \$ \_\_\_\_\_

County pay will be \$ \_\_\_\_\_

Eldest child 10% discount \$ \_\_\_\_\_

Payments will be made by:

Check or Cash \_\_\_\_ OR Tuition Express \_\_\_\_

*Please complete back side*

**Carefully read and initial each section listed below; then sign and date on the parent/guardian line at the bottom of the page ..... Please return to Administration**

1. \_\_\_\_\_ All fees are paid to Discover Little Miracles. Payments may be mailed in or placed in the drop box located in the lobby.
2. \_\_\_\_\_ Payments are due the **Thursday before next week's care**. Late payments will be assessed at \$2.00 per day late fee. Care will be terminated if payment is not received by the following Thursday.
3. \_\_\_\_\_ Returned check fee is \$25.00
4. \_\_\_\_\_ Anything over 10 hours per day will be charged \$15.00 per hour, rounded to the next hour (no half hours) per child.
5. \_\_\_\_\_ There is a \$15 fee for children dropped off early or picked up late outside of their contracted hours.
6. \_\_\_\_\_ After 5:30pm there will be a charge of \$1.00 per minute for each child in addition to the \$15.00 per hour.
7. \_\_\_\_\_ No Call No Show - there is a \$10 fee if your child is not called in absent within 1 hour of their contracted time.
8. \_\_\_\_\_ All holidays are charged days including New Year's Eve, New Years Day, Memorial Day, July 4<sup>th</sup>, 1 Inservice day (tbd), Labor Day, Thanksgiving, and the Friday after, Christmas Eve and Day. If the holiday falls on the weekend, the Friday before or the Monday after will be honored.
9. \_\_\_\_\_ Closed/Sick Days: No credit will be given for closed days, i.e., snow days, emergency closures, building maintenance, quarantine due to communicable disease, etc. In addition, no credit will be given if your child is out sick, or absent for the day or days
10. \_\_\_\_\_ Families with 2 or more children enrolled concurrently, will receive a 10% discount on the oldest child's tuition.
11. \_\_\_\_\_ All changes to your contract must be submitted with an amendment form. Changes will go in to affect the following week.
12. \_\_\_\_\_ A two-week written notice is required to terminate care. Normal fees will continue to accrue during this time.
13. \_\_\_\_\_ Children with special physical or emotional needs will be accepted if the child does not require an inordinate amount of staff time that would take away from the other children's care.

**Credit policy:** After one continuous year of enrollment, you are eligible for credit days in accordance with your regular schedule. Credit days may only be used for days your child is not in attendance. A two-week written notice must be given to receive credit days. Credit days expire one year after they are issued.

**Winnebago County Assistance policy:** We will continue to accept WI WORKS for those enrolled in the program. Written authorization of established account by your social worker must be received prior to beginning care. \$25.00 minimum co-pay will be required per week until authorization is established. County assistance must be established within 2 weeks of enrollment. You must still pay the \$75.00 registration fee to enroll your child.

**Registration:** A non-refundable registration fee and 1<sup>st</sup> weeks payment along with a signed contract are required to reserve your child's spot and ALL health records must be on file prior to 1<sup>st</sup> day of attendance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by Administration

	Date	Amount
Registration Fee Paid		
1 <sup>st</sup> Week Tuition Paid		
EBT Approval		