TAYLORMADE LEARNING CENTER

I. The following contract is between _____ and

Taylormade Learning Center_ located at 501 S. Bay St. Amite, La.70422 for the child(ren) listed below:

Child's Name_____ Date of Birth _____

Child's Name_____ Date of Birth _____

Child's Name_____ Date of Birth _____

Child's Name_____ Date of Birth _____

II. Standard Rates and Payment Policies:

1. A deposit of $_____ is required. The deposit will be applied to the last week's payment or to the termination notice period if proper notice is not given (see V. Termination procedure).

2. The fee will be $_____ per hour   per day   per week (circle one)

Days and hours of care provided will be:

_____

 3. Payment is to be given weekly on Monday.

4. The childcare provider will provide breakfast, lunch, and afternoon snack.

5. The parent(s)/guardian(s) will provide the following (circle all that apply):

 Change of Clothes, Formula/Breast Milk, Diapers & Wipes, Infant Food

Other special arrangements include blankets and sippy cup.

 III. Rates for holidays, absences, vacations, overtime:

1. Care will not be provided, but payment is due, on federal/state holidays when they occur on a day the child(ren) is/are regularly scheduled for care.
2. The provider will be notified by parent if the child(ren) will be absent for the day.
3. Policy for payment of absences is the same.

IV. Termination procedure:

This contract begins on the following date: _____ and may be terminated by either parent/guardian or provider by giving _____ weeks' written notice. The provider may terminate the contract without notice if the parent/guardian is over _____ week(s) late with scheduled payments. Parent/guardian may terminate the contract without notice if the provider does not comply with NYS child care regulations/laws. Changes to the contract, desired by either provider or parent/guardian, must be made in writing and acknowledged in writing by the other parties at least 2 weeks before the desired change takes effect. A new contract may be signed at that time to reflect the changes.

V. Signatures:

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

Parent Signature_____

Provider's signature Date _____

Mother/Legal guardian signature Date _____

Address of Mother/Legal guardian Phone_____

Father/Legal guardian signature Date_____

 Address of Father/Legal guardian Phone number_____

Name and Number for any other authorized person to pick up child.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____