The following agreement is made between S.S. Child Care Centre Limited &\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The qualified staff at S.S. Child Care Centre Limited shall look after and be responsible for my child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Enrolled Start Date:\_\_\_\_\_\_\_

My child will attend on the following days/time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payments**

On the first of every month the parent fees are due for that month. Prior to the first day of care, the registration fee of $30 plus the first month must be paid before starting.. \_\_\_\_\_­­­\_\_

**Pay $25** for NSF fee for bounced cheques. \_\_\_\_\_\_

*Payments may be made by Cash, Cheque or E Transfer to the owner.*

E transfer payable to: [catherinetd1023@hotmail.com](mailto:catherinetd1023@hotmail.com)

Security Question*: default*

Password: *sschildcare*

**Basic Rates/Fees**

**Daycare 2.5-5 years**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days/week** | **5 days** | **4 days** | **3 days** | **2 days** | **1 day** |
| **Fees/month** | $750.00  $650.00 | $640.00  $560.00 | $480.00  $420.00 | $320.00  $280.00 | $160.00  $140.00 |

**Preschool 30 months – 5 years (9:00am-12:00pm)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days/Week** | **5 days** | **4 days** | **3 days** | **2 days** | **1 day** |
| **Fees/month** | $500.00  $450.00 | $400.00  $360.00 | $300.00  $270.00 | $200.00  $180.00 | $100.00  $90.00 |

**Out of School Care 5-12 year**s

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days/week** | **5 days** | **4 days** | **3 days** | **2 days** | **1 day** |
| **Am only** | $300.00 | $260.00 | $200.00 | $140.00 | $80.00 |
| **Pm only** | $380.00 | $324.00 | $248.00 | $172.00 | $96.00 |
| **Am/Pm** | $400.00 | $340.00 | $260.00 | $180.00 | $100.00 |

|  |  |
| --- | --- |
| **Registration**  (Annual every September) | $30.00 |
| **Drop in** | $10.00/Hr |
| **½ days up to 4 hours**  (Scheduled) | $25.00 |

Child Care Grant reduction fees are in blue

**Pick up and Drop off**

A parent or guardian must walk children to and from the Centre and speak with a staff member before exiting the building. This ensures the children’s safety and gives opportunity to share important information. \_\_\_\_\_\_

Parent must notify staff if there is a change in who is picking up their child. The person picking up must be on the pick up list. If they are not, the guardian/ Parent must give staff a written note providing the name of the person picking up, parent signature and date. \_\_\_\_\_\_

**Late Fees**

If failure to pick up you child at the end of the period set out in this contact occurs the parent/guardian will pay an over time fee of $10 for every half hour. \_\_\_\_\_\_

If it is after 5:30 the parent will pay **$10 for every 1/4 hour**. At 5:30 the staff will try to contact you, then anyone else listed as an emergency pick up. If at 6:30 no one has arrived to pick up the child/children, the **Ministry of Social Services** will be contacted. \_\_\_\_\_\_

**Failure to Pay**

If a bill is unpaid for the month you will receive a reminder on or around the 15 of the same month, if the bill still goes unpaid by the first of the following month care will be suspended until payment is received within 1 week of final notice. Unless a discussion with management has occurred and we have worked out a payment plan. \_\_\_\_\_

Either party can terminate this agreement by giving **one month** written notice to the other party. Failure to do so will require full payment of the time booked. \_\_\_\_\_

When notice is given the parent/caregiver is still required to pay the fees up to their notice date. \_\_\_\_\_\_

**Affordable Child Care Benefit**

Families qualifying for the Affordable Child Care Tax Benefit need to be aware that the benefits only cover for days you attend. If your child is away (aside from an allotted 2 week “holiday” allowance) you are responsible to pay the fees yourself. \_\_\_\_\_\_

In addition, you will be responsible to cover care cost until you are approved. Once approved a credit will be applied to you account. \_\_\_\_\_\_

**Closures/Absences**

We are closed all Statutory Holidays. Fees remain payable. \_\_\_\_\_\_

Preschool follows the same closure schedule as SD70. Fees remain payable. \_\_\_\_\_\_

Parents are responsible to pay for days booked regardless of attendance due to illness or vacation. This holds the child’s space. \_\_\_\_\_\_

If the child is ill, had head lice, or come in to contact with a communicable disease the parent must notify the Centre immediately. \_\_\_\_\_\_

In the event Shining Star is unable to provide care for your child due to staff illness or unexpected centre closure. We will contact you as soon as we know this information. You will receive a full refund for the day/days missed within two weeks of that date . \_\_\_\_\_\_

During your child’s day at Shining Star if they are not able to participate in there day, we will call the parent/caregiver to pick them up. \_\_\_\_\_\_

In the event Shining Star support staff are not able to do support for your child, due to illness. We will contact you as soon as we know this information. \_\_\_\_\_\_

**The parents give permission to the staff for the following:**

|  |  |
| --- | --- |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

Spontaneous walking field trips

Child photograph for general use in the centre

Child photograph for newspaper

Child photograph for Shining Star web page

Child photograph for Shining Star Facebook (public)

Apply sunscreen that is provided by parent

Apply sunscreen provided by shining star

**The staff has the following obligations:**

* Supervise child’s safety and well-being at all times
* Provide care based on the Code of Ethics and Guidance and Caring
* Provide snack with the knowledge of any child’s allergies
* Sunscreen child if authorized to do so during any outside play
* Refuse any unauthorized person for pick up unless a written note is provided by the parent/ Guardian
* Report any suspected child abuse to Ministry of Children and Families
* Notify parent or guardian in case of emergency or injury
* If evacuation is needed, we will provide all parents with the location of meeting place and contact all parents once we are safe. Please remember to pick up your child at that place.

**The parent has the following obligations:**

* Send child/children dressed for the weather (in clothes you don’t mind getting dirty)
* Supply multiple changes of clothes along with any diapers and wipes etc.
* Label all clothing and items that accompany your child to the center
* Pack a nutritious lunch if staying past 11:30 and extra for an afternoon snack
* Notify the centre of any communicable disease, head lice, skin condition etc
* Notify the centre of any allergies or custody orders (must provide paperwork for any changes in custody for the child file)
* Not to send the child if they are ill (vomiting, diarrhea, high temperature). Child would be sent home if they are unable to participate in play.

I the parent have been given a copy of the Shining Star Parent Handbook. Outlining our policies and

procedures \_\_\_\_\_\_

**Getting to know your child:**

Shining Star staff want to ensure we provide your child with the best care. In order to do so we need to know more about your child. If there is anything we can do to help please let us know.

What special considerations should we be aware of to better meet the needs of your child. (Check Appropriate boxes)

\_\_\_\_hearing \_\_\_Behavioral Concerns \_\_\_Speech \_\_\_Emotional

\_\_\_Visual \_\_\_Allergies \_\_\_Intellectual \_\_\_Seizures

\_\_\_Asthma \_\_\_ADHD/ADD \_\_\_Learning

Explain further what these considerations are:

How can the staff better meet your child’s needs?

Has your child received support from supported child care in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel your child may require extra support?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out of School Care Transportation**:

I give permission for Shining Star to transport my child in a Shining Star, Staff Vehicle or public transit. Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

My child weighs less than 40lbs\_\_\_\_\_\_\_\_My child is younger than 9yrs \_\_\_\_\_\_\_\_\_

My child is not yet 4’9, 145 cm\_\_\_\_\_\_\_\_\_

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

Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

A copy of this contract will be returned to you upon completion.