

Effective:

Parent & Provider Contract

This is a contract made between Dall’Inizio DaySchool and \_\_\_\_\_ (name of parents/guardians)

Name of Child/Children: \_\_\_\_\_

Person(s) responsible for payment/social security number(s): \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Person(s) designated to whom child may be released: \_\_\_\_\_

Services to be provided: \_\_ Child Care/Preschool \_\_\_\_\_

Extra Services Provided at an additional fee: \_Diapers & Wipes (if needed), Field trips, Extra hours, Extra Curricular Activities (ie. Tumble Bus or Soccer Shots, etc.) \_\_\_\_\_

Monthly Rate: \$ \_\_\_\_\_ All payments are due by the 5<sup>th</sup> of each month, late fees will be added after the 5<sup>th</sup>.

Late Pick Up Fee: \$1 per minute after 6:00 PM per child Overtime Hours: \$12 per hour per child

Please fill out the hours needed for care below. These are your contracted hours. We ask that you stay within your contracted hours. We understand that sometimes you may need additional hours. Please keep those times limited and please be sure to let us know ahead of time so that we may be adequately staffed within DHS ratio regulations. If you arrive early or late extra fees may apply and, care may not be able available if there is not enough staff scheduled to cover ratios.

	Monday	Tuesday	Wednesday	Thursday	Friday
Child’s Hours Needed For Care					
Mother’s/Guardian’s Work Hours					
Father’s/Guardian’s Work Hours					

Extra hours may incur an extra fee of \$12 per hour, per child. Subsidy child care programs will not cover this fee.

Subsidy Clients: (Initial Below)

\_\_\_\_\_ I am enrolled through the \_\_\_\_\_ program, in which they will be paying my fees. If, however, I am terminated with this subsidy program, I agree to pay all costs of tuition to Dall’Inizio DaySchool according to my contract effective the day I am terminated from \_\_\_\_\_.

Subsidy Co-Pay: \$ \_\_\_\_\_ Plus \$ \_\_\_\_\_ per day not preapproved by \_\_\_\_\_ program. I understand if I am late with my weekly co-pay, my delinquent payment will be reported to my caseworker.

\_\_\_\_\_  
Parent/Guardian Signature (subsidy only) Date

\_\_\_\_\_  
Provider Signature (subsidy only) Date

Periodic Review: \_\_\_\_\_

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

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

**Initial on the lines below indicating you have read and agree to the following statements**

\_\_\_\_\_ I understand the monthly fee is due on the first business day of the month and no later than the 5th, regardless of attendance.

\_\_\_\_\_ I understand a late payment of fee of 10% of the balance due will be applied after the 5th of the month and at the beginning of every week your payment is late.

\_\_\_\_\_ I understand a returned check will result in a \$35 fee. After 2 returned checks, money order or PayPal will only be accepted.

\_\_\_\_\_ I understand that schedules are to be provided one week in advance to the Center Director for part-time schedules or the provider may charge according to the drop-in rate for the entire week.

\_\_\_\_\_ Drop-In Care or extra hours requires the parent/guardian to call each day care is needed to check for availability. There may be fees associated with extra hours at \$12 per hour, per child.

\_\_\_\_\_ I understand that I am responsible for paying the monthly fee regardless of absences, emergency closings, and agency observed holidays. Rates are based on enrollment, not attendance.

\_\_\_\_\_ I understand that services will be terminated for lack of payment and I will still be responsible for my balance owed.

\_\_\_\_\_ I understand that if my account becomes delinquent by 45 days or more that I will be responsible for all attorney fees, court costs, and all cost of collections including, but not limited to late fees and interest.

\_\_\_\_\_ I have received and read a copy of the Family Handbook and fully understand it. I understand that this is a legally binding contract. This contract may be terminated only by following the guidelines listed in the Family Handbook. This contract may be changed as needed by the parent or the provider at the provider's discretion. I also agree to update the Emergency Contact/Parental Consent Form information every 6 months or as needed. The Family Handbook is located on our website- [dalliniziodayschool.com](http://dalliniziodayschool.com)

\_\_\_\_\_ I understand a 30 Day Notice is required for Termination or Change in Contract. Termination period must be paid whether child attends or not.

**Permission for Photos**

\_\_\_\_\_ I allow Dall'Inizio DaySchool to take my child's photo for purposes including, but not limited to, social media, the News Paper, Brochures, and Website.

\_\_\_\_\_ I do not allow Dall'Inizio DaySchool to take my child's photo

\_\_\_\_\_ I allow my child's photo to be taken **for internal use only**, such as crafts, portfolios, Kinderlime app. Etc.

**The signatures below indicate agreement with this contract and with the written policies of Dall'Inizio DaySchool (contained in the Family Handbook). The provider may change policies and tuition as needed with written notice.**

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Provider Signature                                      Date

**Parent Email Address:** \_\_\_\_\_

Periodic Review: \_\_\_\_\_

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

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_