

### Dall'Inizio DaySchool Child Care Agreement

Child's name:	First	Middle	Last
Parent or guardian name:	First	Middle	Last
Parent or guardian name:	First	Middle	Last
Person's designated to whom my child may be released:			
Check days of care	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
	<input type="checkbox"/> Saturday		
Arrival time	N/A		N/A
Departure time	N/A		N/A
<div style="display: flex; justify-content: space-between;"> <div>           Fee: \$      per:  <input type="checkbox"/> Hour   <input type="checkbox"/> Day   <input type="checkbox"/> Week   <input type="checkbox"/> Month         </div> <div>           Date payment due: 1st business day of each month/week to prevent late fees            Source of payment:   <input type="checkbox"/> Parent   <input type="checkbox"/> Other (specify):         </div> </div>			
Overtime rate: \$      12.00 per hour (overage of contracted hours)		After hours late pick up fee: \$ 1.00 per minute after closing	
Other Fees: \$      Description:			
<p>I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. These are my contracted hours and I agree to stay within my contracted hours to avoid extra fees. I understand that a 30 day notice is required for termination. Termination period must be paid regardless of attendance. I have read, understand and agree to comply with the policy and procedures and information listed in the Parent Handbook on the website.</p> <p>_____ Contract Effective Date</p> <p style="text-align: right;">The Dall'Inizio Family Handbook can be found at: <a href="http://dalliniziodayschool.com/enrollment">dalliniziodayschool.com/enrollment</a></p>			
Parent or guardian signature		Date	
Parent or guardian signature		Date	
I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.			
Director signature:			Date
Street address	City	State	Zip code
1963 Cato Avenue	State College	PA	16801
Subsidy Clients Only: I am enrolled through the _____ program, in which they will be paying my fees. If 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 covered by said program. Subsidy will not cover extra hours. If I am late with my co-pay, my delinquent payment will be reported to my caseworker, and I may be terminated from the program.			
Parent/Guardian Signature		Date	
Provider Signature		Date	

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

\_\_\_\_\_ I understand that monthly tuition is due on the first business day of the month and no later than the 5th, regardless of attendance, a late payment of fee of 10% of the total balance due will be applied after the 5th of the month and again on the total balance at the beginning of every week your payment is late. Weekly tuition is due on the first business day of the week, a late payment of fee of 10% of the total balance due will be applied on the total balance at the beginning of every week your payment is late.

\_\_\_\_\_ I understand that I am responsible for paying the monthly/weekly tuition regardless of absences, emergency closings, and agency observed holidays. Tuition is 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, and that if my account that becomes delinquent by 45 days or more 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 understand a returned check will result in a \$35 fee. After 2 returned checks, only a money order or PayPal will be accepted.

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

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

\_\_\_\_\_ I understand that in the event that Dall'Inizio DaySchool is forced to shut down by a government agency due to a local/state/national emergency; health, safety or otherwise, or because Dall'Inizio DaySchool believes it is in the best interest of their families to do so, tuition will be handled the by following measures:

- If I have paid in advance, Dall'Inizio DaySchool will apply the payment to tuition once they reopen.
- If I have not paid in advance, Dall'Inizio DaySchool will not charge tuition during the closure.

\_\_\_\_\_ I understand that in the event that Dall'Inizio DaySchool will be keeping the child care program open during a local/state/national emergency; health, safety or otherwise, and **I decide to keep my child away from the program**, tuition will be handled by the following measures:

- If I wish to maintain my child's spot in the program, I will be charged 50% of my normal tuition as a holding fee.
- If I do not wish to pay the discounted rate for my child's spot, my contract will be terminated following the normal termination policy that requires a 30 day notice with full tuition payment.

**Permission for Photos**

\_\_\_\_ I allow Dall'Inizio DaySchool to take my child's photo for purposes including, but not limited to, Kinderlime, 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.

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

The signatures below indicate agreement with this contract and with the written policies of Dall'Inizio DaySchool (contained in the Family Handbook located on our website- [dalliniziodayschool.com](http://dalliniziodayschool.com)). The provider may change policies and tuition as needed with written notice.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

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

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