**CONTRACT**

This contract is made between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereby referred to as (“parent/guardian”) and **Diana Calero** (hereby referred to as “provider”), for the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereby referred to as “child”).

This is a private enterprise and the Department of the Air Force will not be a party to any liability by the provider. [Parent/guardian Initials \_\_\_\_\_\_]

**Hours of Operation/ Type of Care**

Hours of operation for the Family Child Care Home are 7:30 to 17:00.

Care will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Care will normally begin at \_\_\_\_\_\_\_ and end at \_\_\_\_\_\_\_ on the days of **(Monday, Tuesday, Wednesday, Thursday, Fridays).**

**Type of care will be:**

\_\_\_\_ Full-time: **Five or more hours, five days a week**

\_\_\_\_ Part-time: **Less than 5 hours a day, or less than five days a week**

\_\_\_\_ Partial. **(1 or 2 days a week) \*As the space becomes available**.

\_\_\_\_ After-school: **Afternoon care only, for school-aged children, not to exceed 4 hours daily.**

\_\_\_\_ Drop-In: Hourly, PCS or any expanded hourly programs

Childcare is not to exceed 50 hours a week UNLESS other arrangements are agreed upon between provider and parent/guardian times listed are flexible for emergencies, Shift-work, and other needs. Arrangements must be made between parent/guardian and provider in advance. [Parent/guardian initials\_\_\_]

**Vacations**

Two-weeks advance written notice of intent to take vacations is required for both parties allow adequate planning for food and substitute care. Parent/guardian will pay for care at times provider takes vacation.

Parent/Guardian will pay childcare fees during any vacation time taken when childcare is open to reserve taken when childcare is open to reserve the child’s spot. Parent will be responsible for payment for subcare arrange as parent request.

[Parent/Guardian initials \_\_\_\_\_\_]

**Holidays**

Child Care Home will be closed on all legal/federal holidays, including New Year’s Day, Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran’s Day, Thanksgiving, and Christmas. If holidays fall on a weekend, the childcare home will be closed on the **Friday and Monday** **the holiday is observed**. Dates of federal holidays may change according to Federal government and Presidential declaration. As a rule, if banks, postal service, and most military offices are closed, childcare services will not be available on that day. For scheduled base safety, (militaries Families) days or base down days the provider will work with each family individually as bases/squadrons observe these days differently. Days listed above are normal paid childcare days. Fees will not be refunded or pro-rated.

In addition to the dates listed above, provider will take two weeks of vacation time annually. A list of dates will be provided in the childcare welcome packet and again parents will not be responsible for payment unless substitute care is arranged and payment will be made to the substitute provider.

Provider will give a two-week reminder to parents for provider vacation and federal holidays. [Parent/Guardian initials \_\_\_\_\_\_]

**Trial**

There will be a two-week trial period starting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This Trial period will allow provider, parent. Guardian, and child an opportunity to test compatibility and allow for adjustment. During this period, either party can give notice to end care at any time. A non-refundable payment of \_\_\_\_\_\_\_\_\_\_\_is due on start date to cover the first week of care. At the end of the trial period conference will be conducted to decide if the care meets family needs. [Parent/guardian initials\_\_\_\_\_\_\_]

# Illness

In the event of any provider illness or emergency, parent/guardian will be contacted to pick upchild immediately and will not be charged for days the childcare home is closed.

If child is ill and absent from care, childcare fees will not be refunded or pro-rated.

(Illness policyis listed in detail in the policy handbook).

[Parent/Guardian initials \_\_\_\_\_\_]

**PARENTS**

If you would like for a spot to be reserved for your child, a DESPOSIT of $319 is REQUIRED and the CONTRACT must be FILLED/RETURNED no more than 24 hours.

REFUND of the deposit will only happen if parents/guardians give 48 hrs. notice of cancellation of care prior to actual care date.

[Parent/guardian initials \_\_\_\_\_\_\_]

**IMPORTANT**

Parents that mark Full-Time or Part-Time still must make payments even if the child does not attend for the dates marked. Because a spot was reserved for those days to provide childcare

[Parent/guardian initials \_\_\_\_\_\_\_]

I will prioritize childcare and save a space in the following categories.

1-Full Time: 5 days a week.

2-Part Time: 5 hours a day, or less than five days a week)

3-Partial: 1 or 2 days a week. **As the space becomes available.**

\* If you do not show after a reservation is made you are responsible to pay for the number of days reserved. [Parent/guardian initials\_\_\_\_]

## SUBSTITUTE CARE

In the event of provider vacation, illness, or emergency, the provider will attempt to find a substitute. If provider cannot find care, it will become a parent responsibility, as credit will be given from the weekly fee.

Provider will include a list of additional providers at Hurlburt AFB in the welcome packet. If provider’s back-up provider is not available, it is parent/guardian responsibility to find care. **Due to last minute arrangements and provider/child ratios, substitute care is not guaranteed.** Please have a back-up plan in place prior to beginning care.

If substitute care is used the parent/guardian will pay substitute provider. If the Provider will offer you subcare and the parent don’t accept a credit won’t be given for that day.

[Parent/guardian initials \_\_\_\_\_\_\_]

**RATES**

The fee for care is A subsidized, weekly fee of \_\_\_\_\_\_\_\_\_\_\_.

Parent/guardian is responsible for the entire fee if subsidy paperwork is not filed or renewed when required. If you want to apply you have to call Ms. Lindy Fazekas (850-884-5729)

\_\_\_\_ A private, weekly fee of $265.00 (per children).

\_\_\_\_ A private, part-time fee of $70.00 per day 5hrs. (all ages).

\_\_\_\_ An hourly rate of $15.00 per hour. Minimum Two hours and then I star to charge regular day ($70)

\_\_\_\_ Weekend or daily per day $70.00 per 8hour. (Per children)

**Payment obligation is based on reserved time and not actual time used at the childcare home.**

Fees are payableby check or Zelle, Credit or Debit Card with an extra charge for processing fee and are due each FRIDAY BEFORE CARE BEGINS FOR THE NEXT WEEK. If parent/guardian does not pay on assigned date, provider will still accept child in care, but a late fee of $20.00 per day will be assessed. If payment is not made by the Friday following the pay date scheduled, the child will not be accepted the following week until fees are current. If parent/child goes on vacation, payment may be made upon child’s return, but normal late fees will be assessed from the return date until payments are current

**PAYMENT METHOD:**

Every Friday the provider will send you the invoice for payment and you have the option for credit card payment.

Different Payment Options:

* Zelle (448)994-0501
* Cash
* Credit card.

**If child arrives early before Scheduled time or leaves later than scheduled time without prior arrangements with the provider, a fee of $3.00 per minute is due by next payment day**.

For tax- filing purposes, provider will issue a weekly receipt for all payments. Provider will also issue a W-10 by January cord will include date and amount of payment. Provider’s Tax Identification Number (EIN#) will not be given to any party other than the parent/guardian filing taxes.

[Parent/guardian initials \_\_\_\_\_\_\_\_]

All my receipts for the payments, you make will be send by your personal

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TERMINATION**

After the two-week trial period, termination of care requires two weeks written notice, **no verbal agreements will be made**. **Payment by parent/guardian is due when notice is given, whether the child is brought to the provider for care during that period.**

Provider agrees to give two weeks written notice when terminating childcare services. The provider has the right to refuse care, seek legal action, and terminate contract without notice if payments are delinquent, including weekly tuition and early/late fees.

Provider has the right to terminate the contract if the child is absent for 3 consecutive days without notification. Contracts are renewed annually.

I will terminate our childcare arrangements immediately for any of the following reason (but not solely limited to):

* Repeated failure to comply with the policies set forth in this contract/agreement/handbook.
* Destructive or harmful behavior of child that persists that endangers the health and safety of children in care, the provider, or others.
* Non-payment of childcare fees or late payment of fees.
* Failure to show-up for 5 days in a row without any communication.
* Failure to complete required forms.
* Blatant disr4espect towards provider or provider’s family
* If a parent knowingly brings their child ill to my program.

[Parent/guardian initials \_\_\_\_\_\_\_]

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read, understand and agree to all the terms and conditions of this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Printed Name Signature. Date

**PUBLICITY AND PHOTO RELEASE**

I do/do not give permission for my child (Child Printed Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be videotaped and/or photographed. These photos/videotapes will be kept on file to support the publicizing of the mission her at Hurlburt Field, AFB. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relinquish all rights, title and interest in the finished photographs, tape and negatives.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Date

**TRAVEL AND ACTIVITY AUTORIZATION**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to leave the family day care home for fieldtrips in a CAR or PUBLIC transportation to special places walks to the park, shopping trips, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider signature Date