Molly Website Pic 001

Childcare Contract for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider

Kids Imagination Discovery Station – Molly Kennedy, Owner E-I-N:

671 Greenway Street, Greenwood, IN 46143 -- Phone Numbers: (317) 443-4853 (cell)

Clients (Parents) Marital Status: Married – Single - Divorced Custody arrangements YES/NO (If yes, Court Documentation is needed.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mom’s Information | |  | Dad’s Information | |
|  |  |  |  |  |
| Name |  |  | Name |  |
| E-mail |  |  | E-mail |  |
| Cell Phone |  |  | Cell Phone |  |
| Work Phone |  |  | Work Phone |  |
| Employer |  |  | Employer |  |
| SSN # |  |  | SSN # |  |

Child Information

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home number \_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives with \_\_\_\_\_\_\_\_\_\_\_ Siblings & Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Socialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vocabulary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fears: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comforts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Toys: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eating Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nap Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bathroom/Dressing Information: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medical Information & Contacts

Allergies/Sensitivities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Name |  | Address |  | Phone |
| Preferre Preferred Physician |  |  |  |  |  |  |
| Preferred Dentist |  |  |  |  |  |  |
| Preferred Hospital |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Company Name |  | Policy # |  | Phone # |
| Medical Insurance |  |  |  |  |  |  |

Emergency and Transportation Contacts

Contacts Names of persons, other than provider, authorized to act or transport for parents

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency and/or Transport |  | Name |  | Home Phone |  | Cell Phone |  | Relationship |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact persons listed above to act upon my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hours of Operation, Attendance Schedule, and Trial Period

Regular Childcare Hours are Monday – Friday from 7:30 a.m. to 5:30 p.m.

Please list below the schedule you would like for your child to attend. If the schedule will vary then you will need to submit a schedule no later than the Friday before the week of service. Part Time children must be picked up by 12:30 if not staying for nap time.

|  |
| --- |
| Please list the schedule you would like for your child to attend:  Monday: Drop off time \_\_\_\_\_\_\_ Pick up time \_\_\_\_\_\_\_\_ Hours for Day = \_\_\_\_\_\_  Tuesday: Drop off time \_\_\_\_\_\_\_ Pick up time \_\_\_\_\_\_\_\_ Hours for Day = \_\_\_\_\_\_  Wednesday: Drop off time \_\_\_\_\_\_\_ Pick up time \_\_\_\_\_\_\_\_ Hours for Day = \_\_\_\_\_\_  Thursday Drop off time \_\_\_\_\_\_\_ Pick up time \_\_\_\_\_\_\_\_ Hours for Day = \_\_\_\_\_\_  Friday Drop off time \_\_\_\_\_\_\_ Pick up time \_\_\_\_\_\_\_\_ Hours for Day = \_\_\_\_\_\_  Total hours for week: \_\_\_\_\_\_\_\_\_ |

The schedule you submit are the days and times your child is allowed to attend. Please be sure to drop off and pick up your child within 15 minutes of scheduled times. 24 hour notices are required for changes in your child’s schedules.

The first *month* of attendance will be an adjustment or trial period. During this month trial period time, either the client or the provider may cancel the contract immediately, without written notice. After the Trial Period, the Client must give a two-week written notice to end this contract. The Provider may terminate this contract at will. The Provider reserves the right to immediately terminate this contract without notice if the client does not make tuition payments when due.

Holidays and Closings

**Kids Imagination Discovery Station will be closed on the following dates & holidays:**

Labor Day September 5th

Thanksgiving Day & Weekend November 24th & 25th

Christmas Break December 22nd -December 26th

NewYear’s Day January 2nd

Good Friday/Easter April 14th – April 17th

Memorial Day May 29th

Independence Day July 4th

**NON HOLIDAY SCHEDULED OFF DAYS**

Family Vacation October 10th – October 14th

Teacher Work Day #1 January 16th

TeacherWork Day #2 March 24th

Teacher Work Day#3 May 26th

**If a Holiday falls on a Saturday – it will be observed on the Friday before the Holiday. If a Holiday falls on a Sunday – it will be observed on the Monday following the Holiday.**

Please note: *FULL TUITION is due for ALL BREAKS.*

Weather closings are rare since Kids Imagination Discovery Station is an in-home preschool but if there is a weather-related closing each family will be notified by phone.

Preventatives Permissions

To dispense any preventatives, we are required to have a parent’s signature. It is YOUR responsibility to provide all medication and supplies for your child. Everything must be NEW & UNOPENED. Any routine medications will be logged on the medication log, signed and dated by you. The medication name, dose, time, and reason for medication administration will be logged.

|  |  |
| --- | --- |
| Name of Medication or Preventative | Parent Signature |
| Lotion |  |
| Sunscreen |  |
| Baby Powder |  |
| Vaseline |  |
| Bug Spray |  |
| Juice Plus (this will be offered at snack at times, please ask to have this explained to you) |  |
| Tylenol other prescribed medications for your child |  |

Food Guidelines

No food or drink may be brought into the childcare that a child has started eating or drinking. Each child may bring their own water bottle or drinking cup with their name on it empty and KIDS will fill it with water when needed. KIDS also will provide each child with their own drinking cup throughout the year.

Children are required to wash their hands before being served their food and after eating. They are not allowed to touch anything on their way to the table or during their meal other than their food or utensils. Children must sit at the table and will not be allowed to wander around with food or drinks or get up and down from the table.

***LUNCHES – KIDS WILL ONLY PROVIDE 2 SNACKS FOR THE DAY (A.M. SNACK & P.M. SNACK) YOU ARE REQUIRED TO BRING YOUR CHILD’S LUNCH DAILY IN A LUNCH SACK OR BAG. WE CAN PROVIDE REFRIGERATION & MICROWAVE HEATING IF NEEDED.***

***IN THE EVENT YOU FORGET YOUR CHILD’S LUNCH THAT DAY, PEANUT BUTTER AND JELLY WILL BE THE ONLY FOOD PROVIDED.***

*In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.* It is the policy of the Indiana Department of Education not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in its programs, activities, or employment policies as required by the Indiana Civil Rights Laws (I.C. 22-9-1), Title VI and VII (Civil Rights Act of 1964), the Equal Pay Act of 1973, Title IX (Educational Amendments), Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act (42 USCS § 12101,et.seq.). Inquiries regarding compliance by the Indiana Department of Education with Title IX and other civil rights laws may be directed to the Human Resources Director, Indiana Department of Education, 151 West Ohio Street, Indianapolis, IN 46204, or by telephone to 317-232-6610, or the Director of the Office for Civil Rights, U.S. Department of Education, 111 North Canal Street, Suite 1053, Chicago, IL 60606-7204 -Dr. Tony Bennett, State Superintendent of Public Instruction.

Consent to Release Information

Kids Imagination Discovery Station is involved in many programs that directly relate to the quality care and education of your child. Please sign below indicating that you give consent for Kids Imagination Discovery Station (KIDS) to allow your child to be observed by programs and professional persons assisting KIDS in providing quality care for your child. Your signature also indicates that you give permission for KIDS to release information regarding your child to programs and professional persons assisting KIDS. As always, Observations and Personal Information will be handled in a professional manner.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Picture-Video Permissions

Option 1:

I do hereby CONSENT to the reproduction, use, and distribution of photographs or video and voice, or other recorded matter for Kids Imagination Discovery Station of my child including but not limited to: use within the Childcare Program, Website, Facebook Page and any other use approved by the owner.

I release KIDS and its nominees from any liability arising out of such use of my child’s photographs or recorded voice or matter.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Option 2:

I DECLINE to release permission for photographs or video and voice or other recorded matter of my child for Kids Imagination Discovery Station. I further understand that this may limit my child’s participation in some group activities, field trips and/or other activities and may limit the number of photos and/or videos taken of my child as my child will have to be removed from group photos/videos to accommodate those who wish their children’s pictures/videos to be shared.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Illness

K.I.D.S. wants to provide the most quality care for its preschool children in a safe environment. If your child has the following symptoms in our care, we will make a phone call to the main contact parent to come pick up your child within 30 minutes:

**Vomiting**

**Diarrhea**

**Fever** – any fever over 101 degrees will result in a parent call for pick up. Tylenol can be used for temperatures below 101 as long as there is an agreement to administer this medication.

**Rash** – if checked out by a physician with a note that your child is not contagious to others, they may return to preschool

Accident, Incident, Discipline and Policies

Every effort will be made to prevent accidents from happening. In case of an emergency, every effort will be made to contact a parent or escort as soon as possible. Accident Reports will be filled out for any injury and a state form will be filled out and filed for any accident that requires medical treatment. Incident reports will be filled out for any child causing harm to another or behaving inappropriately. Accident and Incident Reports will require a parent or guardian’s signature and will be kept in your child’s files. Confidentiality is a must and we will not reveal who hurt who or who said what.

Please help us teach your child good social skills. We will not allow hitting, biting, pinching, etc. for any reason! We will not allow retaliatory actions, etc. Your rules at home are your business but in a group setting it is imperative that each family be aware of what is expected and help us by reminding and teaching each child appropriate behavior and language. If behavioral problems arise a log will be kept and conferences will be held to discuss what measures can be taken to help your child learn to change their behavior or use appropriate language.

It is important as well that child learn to respect themselves, others, and property. Intentional destruction of facility property will not be tolerated. Normal wear and tear is to be expected but if your child is intentionally destructive you will be asked to replace or bear the cost of repair of the destroyed item. If you are unable to accommodate this request then we will need to work together to find an alternative solution.

There is no spanking or other form of corporal punishment allowed at Kids Imagination Discovery Station by staff or parents - if you are going to spank your child you must remove them from the premises (this includes the driveway). Please refrain from yelling and using profane or foul language.

Does your child have any behavioral issues that you are aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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If behavioral issues do arise, what helps your calm down and listen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alcohol, Drugs, and Tobacco Policy

The use of ALCOHOL, TOBACCO, OR ANY POTENTIALLY TOXIC SUBSTANCE (used for purposes other than those intended by the manufacturer) is prohibited in this facility or on the premises.

Therefore, parents, staff, and family members must dispose of tobacco products in an appropriate receptacle prior to entering the driveway. Smoking is prohibited by law within 8 feet of any public entrance to this child care home. Any person failing to comply with the policy will *be forfeiting their child’s spot at the facility or their job (whichever applies)*.

All child care staff, volunteers, and family members present in the facility will refrain from using or possessing illegal substances while providing care to child and during hours of operation. Any person suspected of non-compliance with this policy will *be immediately terminated from employment or be required to leave the premises (whichever applies)*. All staff must pass a drug screen before beginning employment.

Any person who appears intoxicated or otherwise impaired, and who arrives to pick up a child or children from these premises, will be asked to call someone else who is capable of providing safe transport.

Non-compliance with this policy will result in our contacting the appropriate authorities for assistance. Thank you for your cooperation.

Reference Permission

I give child care provider K.I.D.S permission to give my name and phone number to potential clients as a reference. The phone number that I can best be reached at is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Charges

Tuition Rates are for care during normal business hours of 7:30 a.m. – 5:30 p.m. Total Tuition Charges are based on scheduled hours plus incurred fees (late fees as necessary). If attendance is *less than the scheduled hours* tuition charges and fees do NOT change. If attendance is *more than the scheduled hours* additional charges and fees may apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuition Rates (per week) | 4-5 Days | 3 Days | 2 Days | Daily Rate |
| 3 -5 years *and* potty-trained | $170 | $110 | $80 | $45 |
| School Age Before and after school care | - | - | - | $5 |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Fees | Reason | Fee Amount |
| Late Payment | Payment not received by Friday at 5:30 p.m. or before a holiday break (see policies) | $10 per incident |
| Late Pick up | Pick up after 5:30 p.m. | $2 per minute late |
| **Registration Fee** | **For each child enrolled, a registration fee is required and used for curriculum supplies and activities** | **$100 per year – pay all at once or $20 added to the tuition for 5 weeks** |
| Last 2 weeks | For each child enrolled, K.I.D.S. is asking for 2 weeks of payment within 6 months. Since a 2 week notice is required if your child no longer needs care, we ask that the 2 weeks be paid within 6 months of enrolling. | $280  **\*$20 can be added to the weekly tuition if needed.** |

|  |  |  |
| --- | --- | --- |
| Discounts | Qualifications (only available for FULL TIME families) | Discount Amount |
| Sibling | Two or more children attend from same family | $10 per child per week |
| Referral | Refer a child of another family **AND** that child becomes enrolled. | $25 off a week of your choice |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Registration Fee | \_ | Tuition Discounts | = | Tuition Charge |  | Next Payment/Due Date |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Tuition Deposit

ALL Clients are required to pay a tuition deposit. The deposit will pay for the Client’s last two weeks of tuition, even if the Provider’s rates are raised later. The deposit protects the Provider from the Client leaving without the required two week notice. The Deposit must be paid in full within 6 months of enrollment or beginning of the contract year provided changes are made to the deposit policy. Payment plan arrangements can be made upon request.

The amount of deposit is $ \_\_\_\_\_\_\_\_\_\_which is due by \_\_\_6 months from contract signing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid

Tuition Policies

|  |  |
| --- | --- |
| Policy | Details |
| Schedule | Please submit an attendance schedule for your child.  Please call if your child will not be attending on a particular day or if you are running late. Remember even if you drop your child off late you are required to pick them up by 5:30pm. |
| Attendance | You must sign your child in and out on the Sign-In-and-Out Sheet located by the front door. |
| Tuition Payments | Due on Fridays by 5:30 p.m. for that week of care *except for Holiday Week payments which must be made on the day before the Holiday closing by 5:30 p.m. or else the $10 late fee applies*. |
| Absences | Whether the absence is of a child or upon emergency/illness of Provider, tuition is due based on the following chart:   |  |  | | --- | --- | | **Sick Days out** | **Rate** | | **1 or 2 days out** | **Full Tuition Due** | | **3 or 4 days out** | **Daily Rate will apply** | | **Out an entire week** | **Half the weekly tuition will be due** |   **IF YOUR CHILD WILL NO LONGER BE RETURNING FOR ANY REASON, YOU MUST GIVE KIDS A 2 WEEK NOTICE. (NO PAYMENT WILL BE DUE AS YOU HAVE ALREADY PAID THIS IN ADVANCE)** |
| Vacation | Clients are allowed up to one *full week* vacations per year with no tuition required.  The only exception to the one week limit is joint custody agreements – but – all weeks must be submitted in writing at least two weeks before the absence is to occur otherwise full tuition will be due and no discount will be given. |
| Summer Break | If your child will be taking the summer off but will be returning in the fall, please let us know 1 month in advance so that we have time to fill that summer spot. Letting us know in writing will allow us to hold a spot for your child upon the end of summer. A registration fee will be due to hold your child’s spot in KIDS. |
| Provider Vacation | Provider vacations will be one week during the **SCHOOL YEAR** and K.I.D.S. will be closed for that week. You will be notified a month or more in advance so that you can make alternate arrangements. The break will fall along the Clark-Pleasant school Calendar. No tuition will be due that week. In the case of emergencies a two week notice will be given in the event of a closing and depending on how many days we are closed, pro-rated rates will apply. |

Signature of the Parties to the Contract

By signing this Contract, Clients indicate that they have read the Provider’s policies and agree to follow them. The Provider reserves the right to make changes to the policies without notice.

By signing this Contract, Clients indicate that they have read the Parent Handbook. They further agree to follow any changes or additions that the Provider makes to the Handbook in the future.

The person signing this Contract is responsible for paying all fees due under this Contract, even if the parents are divorced and have joint custody.

A failure to enforce one or more terms of this Contract does not waive the Provider’s right to enforce any other terms of this Contract.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contracts will be renewed by July 31st for the following year.

Updated: 4/23/2017 2:06 PM