***Little Owl’s Daycare***

Parent Agreement

This contract is made between Parent/Gurdian:

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

and Director: Joan Guitron for the enrollment to

 Little Owl’s Daycare of:

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

The payment for care shall be $\_\_\_\_\_\_\_\_\_\_per week and reflects a schedule as follows:

Arrival am. and pick up time: \_\_\_\_\_\_\_\_pm

Monday\_\_, Tuesday, \_\_\_, Wednesday \_\_, Thursday \_\_, Friday \_\_\_

**(The above times and days are Not flexible)**

If parent is going to be late for picking up the child, every effort must be made to contact the front office. A late pick-up fee of $10.00 will be charge.

Payment is due every Thursday one week in advance of $\_\_\_\_\_\_\_

Methods of payment accepted; cash, personal check, credit card, money order, and directly by ProCare system. If a personal check is return due to lack of funds, the parent/guardian must pay a $34.00 return check fee. If a check is returned more than one time, only cash will be accepted as payment.

If a payment is **Not** made on time, the following fee will apply $40.00

\_\_\_\_ I agree to provide current and update records of my child’s immunization records whild my child attends the facility.

\_\_\_\_ This center allow volunteering students to come in into the facility to do observations and assigmnets for College and University.

\_\_\_\_ I agree and understand that $70.00 enrollment fee is not refundable.

\_\_\_\_ I agree and understand the tuition fee is paid one week in advance every Thursday.

\_\_\_\_ I agree and authorize my child to play outdoor and participat in facilities activities. For special activities we will send permission slips for parents to sign.

\_\_\_\_ I agree to send my child with uniform (red polo shirt, navy blue shorts, pants, skirt, dress,)

\_\_\_\_ I agree and understand that my child should stay home when he/she presents any symtoms of illness.

\_\_\_\_ I agree to be responsible and be in time to pick up my child.

\_\_\_\_ I agree to responsible and provide the facility with dippers, wipes, feeding botle,and change of clothe. ( if applicable)

\_\_\_\_ I undestand that is my responsibility to update any information of my child’s that the facility needs to be aware of. ( address, phone number, allergies, medical, persons responsible to pick up, legal custody, ect.)

**I have read understand the information and agree to the conditions in this agreement. A copy of this agreement has been provided to me.**

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Director/Asst.Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_