



Parent Contract

Child's Name:	Home Phone Number:
Contract Period:	Enrollment Date:

FEES

There is a \$ _____ non-refundable enrollment fee per child for all first time enrollees, payable with your completed enrollment forms. Your weekly/monthly tuition fee of \$ _____ is to be paid in advance by the

- 7th of the month for persons paying monthly
- Friday before care is rendered for persons paying weekly/bi-weekly

After that day your account will be charged a \$ _____ weekly late payment fee. Failure to pay your tuition or any other charges when due gives CCD the right to certain remedies such as immediate termination of child care services.

Your security deposit of \$ _____ will be applied to your last two weeks at CCD if the proper written notice of _____ weeks is given at the beginning of the month. If your balance due exceeds your security deposit on file, childcare services will be immediately terminated.

Your contracted hours at CCD are from _____ AM to _____ PM. These hours cannot be charged after your first full month at CCD unless you received authorization from an administrative team member. You must call us if you will be picking up your child later than your contracted hours. The fee for late pick-up is \$ _____ per hour or any part of the hour. The charge for returned check is \$ _____. After two returned checks, only credit card payments, cash or money orders will be accepted.

PLEASE NOTE: There will be no adjustment to your tuition for any reason, except at the discretion of the Executive Director.

Signature:	Date:
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SNOW DAYS / EMERGENCY CLOSINGS / OTHER CLOSINGS

While every effort will be made to be open, for the safety of our staff, parents, and children during inclement weather, or if there is an unforeseen emergency including but not limited to natural disasters. CCD will be closed at the discretion of the Agency/Executive Director. Please call for a recorded message after 6am, log onto the websites or community site for updates or any other pertinent information. Any parent dropping off before we open (in the event of a delayed opening) will be charged the current early drop off rate. In the event of an early closing, any parent picking up after the requested time will be charged a late pick up fee.

Signature:	Date:
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FAMILY VACATIONS

Please provide written notice when you plan to take vacation. You are expected to pay your regular tuition and pre-payment of tuition must be made prior to your vacation if your tuition date is due while away.

Signature:	Date:
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IN-HOUSE TRAINING

Two or three times per year we will conduct in-house training for our staff. On those days the center will be closed or close early.

On-going staff training is necessary so that we can provide the best possible care for your child.

Signature:	Date:
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HEALTH / ILLNESS

To protect your child and the health of all staff and children, we reserve the right to determine when a child is too ill to be cared for at CCD. During these occasions, you may be asked to keep your child home or to pick up early.

We must have written permission before administering any medication. The medication should be in its original container, with the child's name and current date. Also, please inform us of any known allergies your child has to food or medicine. Any Student with a known food/drug allergy, asthma or seizures must submit a medical action plan signed by their child's physician upon enrollment and at the beginning of every new contract cycle.

Signature:	Date:
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OUTSIDE BABY SITTING BY EMPLOYEES

Please note that CCD employees are not allowed to provide outside baby sitting for any families enrolled at CCD.

Signature:	Date:
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SNACKS

CCD provides breakfast (cereal, bagels, or muffins), a morning snack and an afternoon snack for all children

Signature:	Date:
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TERMINATION OF SERVICES

A 30-day written notice of a full month prior to your departure from Catherine's Cottage Daycare is required. Notice must be received by the last day of the month to ensure a whole month's notice is received. If the last day of the month falls on a Saturday or Sunday, notice must be received by the Friday before the month ends.

Please note that deposits are not refunded but applied to your last 2 weeks at CCD when proper notice is received. Failure to provide proper notice will result in the loss of your security deposit.

Signature:	Date:
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TERMS OF THIS CONTRACT

This contract is valid until _____.

After this date, either party may terminate or sign a new contract for another year. The fee for contract renewal is \$ _____. If your termination date occurs after the date listed above, you will be required to pay all fees associated with the renewal process.

This contract can be terminated by either party if the terms of the Termination of Services agreement listed above are not adhered to accordingly.

Parents agree to pay all costs, expenses, and fee incurred by CCD in enforcing this contract, including but not limited to, collection expenses, court cost, and attorney's fees. Signing below indicated that you have read and fully understand the terms of this contract.

Any parent financially responsible **MUST** sign this contract.

I (We) have read and understand the terms and conditions of this contract and agree to abide by all policies as stated.

Parent's Signature:	Date:
Parent's Signature:	Date: