

PATTERSON FAMILY STYLE DAYCARE

PARENT-PROVIDER AGREEMENT FOR JANUARY 1st 2008 THRU DECEMBER 31st 2009

I, _____ agree to enroll my child/children

_____ age _____
in the State Licensed Family Child Care Home of Donna Patterson. I have received and read the Rules and Regulations and agree to comply with all the rules and responsibilities as stated. I have received a copy of the current day care fees and fee payment schedule which includes all times the facility is closed to childcare. This contract is valid beginning _____ 2008. I understand that a 30 day notice in writing is required to change or terminate this agreement.

I understand that a full day of child care is from **7am to 6pm** and that **Full-Time Care is five full days, Monday through Friday**. I understand that **Part-Time Care** is limited to the hours for which I have contracted and all care provided is subject to space availability based on license capacity.

I understand that the fee due **Donna Patterson** depends on the type of care for which I have contracted and is not necessarily based on the actual hours child care is provided. I understand that payment for the month of service is due at the **beginning of that month**. I understand that I will be receiving a statement at the end of each month showing payments received and any additional fees or reimbursements that may be due. I agree to pay any additional fees indicated on my statement with the next month's payment. I have agreed that my minimum fee is \$ _____ per week based on _____ hrs and that child care provided beyond my contracted hours will be billed at \$ _____ per hr. I understand that a **\$35. late fee** will be charged to my account for a payment that is **30 days past due**.

I have been informed that a **Security Deposit** is due **prior to the first day of childcare**. I have agreed that my deposit will be \$ _____ and is **non-refundable for failure to begin on the agreed date**. I understand that I can choose to apply my **Security Deposit** to the **last two weeks** of contracted care, and must notify my care provider a minimum of 30 days prior to termination of this contract. I also understand that if I do not require Summer care and plan to return to the facility in **September**, I must give notice as such prior to June 1st, in which case my **Security Deposit** will guarantee that my childcare space is available in the beginning of the **School Year**. I have been informed that my **Security Deposit** is **non-refundable** if I give less than a 30 notice to my care provider or notice after **June 1st**. I have also been informed that if I am contracting for **Before and After School, or After School Only childcare** beginning **August 2008**, I will need to pay a deposit of \$ _____ by **June 14th of 2008** to guarantee space availability. I understand that this deposit is **non-refundable** for failure to start care or return to the facility at the beginning of the **2008/09 School Year**.

Please indicate the type of service and the months, days, and hours that apply to your needs:

Part-time ___ No. of hrs. per wk ___ Hrs. are M ___ T ___ W ___ Th ___ F ___
Aug Sept Oct Nov Dec Jan Feb March April May June July (circle the Months)

Full-time ___ Monday thru Friday 7am to 6pm.
Aug Sept Oct Nov Dec Jan Feb March April May June July (circle the Months)

Before and After School / **After School Only**

Late August to Mid-June

Earlybird/Latebird ___ Hours ___ M T W Th F

SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN

X _____ / _____ SS# _____ - _____ - _____ CDL# _____
date
X _____ / _____ SS# _____ - _____ - _____ CDL# _____
date

I agree to live up to my responsibilities as a Licensed Child Care Provider

SIGNATURE OF CHILD CARE PROVIDER _____ /Date: _____