

PATTERSON FAMILY STYLE DAYCARE

PARENT-PROVIDER SCHOOL YEAR AGREEMENT

I, _____ agree to enroll
_____ 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 including all times the facility is closed to childcare. This contract is valid beginning _____. I understand that a two week 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 childcare is provided. I understand that payment for the month of service is due at the end of that month. I understand that I will be receiving a statement at the end of each month showing the amount due and any payments received. I have agreed that my minimum fee is \$_____per week based on _____hrs and that childcare provided beyond my contracted hours will be billed at \$_____per hr. I understand that a \$_____ 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** if my child is not starting immediately and that the deposit will be applied to the **last two weeks** of contracted care or carried over to the next school year. I have agreed that my deposit will be \$_____and is **non-refundable for failure to begin on the agreed date**. I have been informed that if I am contracting for **Before and After School or After School Only childcare**, that I will need to pay a deposit of \$_____ by June 15th to guarantee space availability for the following 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 ___
Jan Feb March April May June July August Sept Oct Nov Dec

Full-time ___ Monday thru Friday 7am to 6pm.
Jan Feb March April May June July August Sept Oct Nov Dec

Before and After School _____ / **After School Only** _____
Mid August to Mid-June

Earlybird/Latebird _____ **Hours** _____ M T W Th F

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

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

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

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

SIGNATURE OF CHILD CARE PROVIDER _____ / _____ date
SS# _____ - _____ - _____