

Barre City Kids Contract



This contract is for the care of the following child(ren):

1) _____ DOB: _____

2) _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent Phone Number's (Fill out for both parents):

Name: _____ Name: _____

Home: _____ Home: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

The schedule for care shall be as follows: Mon Tue Wed Thu Fri

Arrival time: _____ Pick up time: _____

The payment for care for the child(ren) listed above shall be \$ _____ per week.

The payment for school-age children during the summer months shall be \$ _____ per week.

A non-refundable holding fee of \$ _____ shall be paid to reserve a spot(s) for the above-named child(ren). This holding fee will not be returned in the event that the abovenamed child(ren) is/are not placed in care by the above date. This will be used for the _____ final week(s) of the above-named child(ren)'s care.

Parents, please initial next to the following line items:

_____ _____ Tuition fees are payable in advance and are due on Friday of the preceding week.

_____ _____ A fee of \$5 per day will be assessed for each day payment is late.

_____ _____ Child(ren) will not be permitted back into day care until payment has been made in full (including late fees).

_____ _____ An additional \$10 per day will be charged for school age children who attend day care full days during school closings and vacations throughout the school year.

_____ _____ Parents receiving childcare financial assistance agree to pay the difference not covered by the financial assistance.

_____ _____ A \$5 per minute fee will be assessed for pick-ups after 4:30pm (this will be determined by the time on the provider's cell phone clock.).

_____ _____ There is a \$35.00 charge for any non-sufficient fund checks. If a check is returned for NSF, you will no longer be allowed to pay with checks.

_____ _____ No refunds are given for absences due to illness, holidays, snow/storm closure days, or your own planned days off.

_____ _____ Payment is expected for closed holidays.

The signatures below indicate agreement with this contract and with the written policies of the Barre City Kids handbook. The provider may change policies with advance written notice.

Parent's name

Parent's signature/date

Parent's name

Parent's signature/date

Jacky Davis

Provider's name

Provider's signature/date