

Provider-Parent Agreement for Crystal Skinner Child Care

Child's Name and Enrollment Information:

I agree to enroll my child _____ in **Crystal Skinner Child Care** beginning on _____. My child will be attending the following days of the week: (please underline or highlight)

Monday Tuesday Wednesday Thursday Friday

My child will arrive at: _____. My child will be picked up by: 11:30 AM if enrolled for a morning half day or 4:30 PM if enrolled for an afternoon half day, or enrolled for a full day. I understand the normal contract calendar year runs from Labor Day to the Friday before the following Labor Day. I have received and read the **Policy Guidelines Booklet** for **Crystal Skinner Child Care**, and agree to comply with all rules and responsibilities stated therein.

Initial _____ Initial _____

Absences, Sick Days and Early Departure Days:

In the event that my child leaves **Crystal Skinner Child Care** early because of illness or any other condition that may affect the health and well being of other attendees, or does not attend **Crystal Skinner Child Care** during his/her scheduled time, (i.e.; doctor appointments, birthday parties, school functions, sporting events, accompanying you to work, preschool, going to a friend or relative's home, day camps, early departure days, and non vacation days), I am responsible for paying for the time my child would normally attend **Crystal Skinner Child Care**. I understand that payment is based on the hours I agree to use child care, not on the actual hours of attendance. If I reserve a spot for additional children, or for my child to attend an additional day, or to arrive at an earlier time than normal, I will be charged for the time, regardless of actual attendance. If my child is ill, I will call Crystal Skinner (536-3626) as early as possible on the day of illness to let her know my child will not be in attendance that day.

Initial _____ Initial _____

Absence due to maternity or extended leave (up to 8 weeks) from Crystal Skinner Child Care:

Crystal Skinner Child Care will require weekly payments equal to one-half of your weekly child care tuition fee during the time of your absence, to secure your child's enrolled time slot at **Crystal Skinner Child Care**. I understand that the free enrolled week for vacation and the free enrolled week for illness must be forfeited or repaid.

Initial _____ Initial _____

Health and Medication:

I agree to furnish **Crystal Skinner Child Care** with a signed emergency medical statement as well as a current physical examination form filled out by my child's physician within 30 days of enrollment. I understand all prescription medications must be in a labeled container with the doctor's name, date and prescription number. I agree to accept and abide by the guidelines outlined on the communicable disease handout regarding exposure and exclusion from child care.

Initial _____ Initial _____

Holidays:

I understand that **Crystal Skinner Child Care** will be **closed** on the following holidays: Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the Friday after, Christmas Vacation, Martin Luther King Day, President's Day, Winter Recess, 8 Personal/Illness Days, Spring Recess, Memorial Day, Independence Day, and a Summer Vacation week. I further understand that if my child is scheduled to attend on the day in which a holiday or vacation day falls (including vacation weeks), payment is expected for that day.

Initial _____ Initial _____

Tuition Payments and Deposit, Late Fees, Returned Check Fees:

Tuition Payments and Enrollment Fee:

I understand that cash or check payment, for weekly tuition, is expected at the beginning of each enrolled week. All tuition payments should be received on the first day of attendance for each new week. Checks should be made payable to **Crystal Skinner**. I agree that the weekly fee for my children to attend **Crystal Skinner Child Care** is \$.00. An enrollment fee of \$.00 for two enrolled weeks has been returned with this signed Provider-Parent Contract to secure my child the above time slot. I understand this fee will be used to continue to secure my child's time slot from week to week, and this fee will not earn interest. I understand that by securing a time slot for my child, I am required to pay one-half of the weekly enrollment tuition once the time slot becomes available for my child to attend, until the actual time of enrollment. I agree to give Crystal Skinner two weeks advance notice should I desire to withdraw my child from **Crystal Skinner Child Care**. I understand that **Crystal Skinner Child Care** will give me two weeks advance notice to find other care for my child should the need arise except in the situation of immediate termination. I further understand my enrollment fee is non-refundable with immediate termination of this contract.

Late fees:

I understand my unpaid account will be charged a late fee of **\$10.00 per day** late. I understand a late fee of **\$1.00 per minute**, per child, will be charged if my child is not picked up by 11:30 AM for half day morning attendees and by 4:30 PM for all afternoon attendees.

Non-sufficient funds and returned check fee:

I understand a fee of **\$35.00** will be charged for all returned checks.

Initial _____ Initial _____

Divorce Records, Custody Agreements, and Legal Guardianship:

I understand that divorced parents and legal guardians are required to provide a copy of custody papers or legal guardianship papers, to be kept in the child's file at **Crystal Skinner Child Care**. I further understand the legal guardian or custodial parent, while the child is enrolled in **Crystal Skinner Child Care**, will be responsible for payment to Crystal Skinner. In the case of divorce or pending divorce, I will supply Crystal Skinner with copies of applicable orders with regard to custody, visitation or any pertaining restraining orders.

Initial _____ Initial _____

Arrival Procedures:

I understand that I must accompany my child inside **Crystal Skinner's Child Care** home each time I arrive, and have Crystal Skinner acknowledge my child's presence.

Initial _____ Initial _____

Personal Items:

I will not allow my child to bring gum or candy to child care without Crystal Skinner's knowledge. I understand children are welcome to bring appropriate toys from home, and the toys should be shown to Crystal Skinner upon arrival. My child should be willing to share any toys or games he or she brings with the other children in attendance (this does not include special blankets or stuffed toys used for nap times). I understand that toys do get broken during normal play and I will not request payment or replacement for any toy that may break during normal play.

Initial _____ Initial _____

This signed copy will be kept and maintained in my child's file. **Crystal Skinner Child Care** will provide me with a copy of this document for my records.

Parent Signature

Date

Parent Signature

Date

Crystal Skinner

Date