

Hearts of Gold Daycare
2347 Village Leaf DR
Spring, TX 77386
316-516-6815

Contract for Childcare Services

This is a contract between: _____ and LaChelle Ogbunuju hereinafter referred to as the "The Provider". I hereby authorize LaChelle Ogbunuju to provide childcare services for my child/children, _____. By signing this contract, I am agreeing to abide by the following rules and regulations:

Hours of Operation

I understand that this childcare facility is open between the hours of 6:00 a.m. and 6:00 p.m. Times outside of this may be negotiable per the childcare provider. I agree that my child may not be dropped off before 6:00 a.m., unless arrangements have been made with the provider. I understand that my child must be picked up no later than 6:00p.m. or late charges will occur. The charge is \$1.00 for every minute after your 30 min. window is up. I further understand that the fee must be paid before service will be provided at the next appointed time. (Ex. Monday, parent gets off of work at 5:30 pm child picked up at 6:15 pm instead of 6:00 pm, \$15.00 late fee must be paid by Tuesday morning), I do allow parents a 30 min. window to pick up your child, after that 30 mins. is when the late fees start occurring. NO EXCEPTIONS!!!!

Fees are as followed:

- Enrollment Fee:** \$25.00 for one child, \$50.00 for a family
- Zero-17 months of age:** \$150.00 per week for full time care (30 or more)
- 18 months - K:** \$125.00 per week for full time care (30 or more)
- Zero-17 months of age:** \$85.00 per week for part time care (20-29)
- 18 months - K:** \$75.00 per week for part time care (20-30)
- School age:** \$115.00 per week for full time care (30 or more)
- School age:** \$65.00 per week for part time care (20-30)
- All ages:** 10.00 per hour for less than part time care.

There is an additional \$2.00 charge per hour if child is in care for more than 40 hours a week.

ALL PAYMENTS WILL BE MADE ON YOUR PAYDAY, plus the initial one time enrollment fee. Payments will be due the same day that you are paid. All late payments will be assessed a late fee of \$5.00 for each day late. I agree to pay the amount of _____ for part time/full time childcare services for my child. ** FEES ARE NON-NEGOTIABLE**

Contract Length

By signing this contract, I am agreeing to: (Please initial one of the following) 1-5 months of childcare service _____ 6 months of childcare service _____ 12 months of childcare service _____ Summer care (June – August) _____

I understand that if I withdraw my child from childcare without giving the proper two weeks' notice I will be charged two weeks' worth of daycare fees. \$ _____ (Two weekly fees) I fully understand that the provider reserves the right to lower or waive the withdraw fee due to circumstances.

Drop in Care

I understand that if I need temporary care, I will notify my provider with at least 24-48 hours' notice if possible. Fees are as follows: \$10.00 per hour.

Meals I understand that the number of meals provided for my child depends on the length of time in care. See schedule for meal times.

Length of time in care: Nutritious food served 2 ½ - 4 hours -1 snack; 4 – 7 hours -1 snack and 1 meal ; 8 – 10 hours -2 snack and 2 meals; 10 hours or more - 3 snacks and 2 meals

** Breakfast will not be served past 8:45 a.m. ** Number of meals subject to change at any time.

Absences I understand that I am responsible for paying fees weekly. If I decide not to bring my child in for care, I am still responsible for fees for the entire week. NO EXCEPTIONS.

Discipline See Policy

Cancellations

Daycare provider may cancel contract for any improper, unlawful, or unacceptable conduct from any of the parents or children. All monies due will be collected at the time of cancellation.

Vacations

I understand that I am responsible for paying fees if I choose to take a vacation. During our vacation, provider will be paid on a regular basis. My Provider will be allowed Two weeks' vacation per year. During provider's vacation, we will owe ½ price if we normally pay full price but the price will not change if it is already discounted or part time. If the provider has a substitute in the facility available for our use full payment will be expected. If no substitute is available; I will be responsible for finding substitute care for my child during provider's vacation. I will be notified in a timely manner of her vacation time.

Parent must notify provider one week prior to children going on vacation and give approximate date of returning to childcare. During children vacation, payment will be expected in full. Once a child has been enrolled in the facility, no one else can take his/her spot. Therefore, if children miss all or part of the week due to illness or any other reason, payment will be expected. You will be allowed 3 sick days per calendar year at half price.

Holidays

Hearts of Gold Daycare will observe the following Holidays: New Year’s Day Fourth of July
Christmas & New Year’s Eve (Close at 2:00) Christmas Day Thanksgiving

I understand that if a holiday falls on a day regularly scheduled for care, I am responsible for fees for the entire week. Occasionally the Daycare will be open on a Holiday at the provider’s discretion.

Personal Items

I understand that I am responsible for providing all necessary personal items for my child. These may include, but are not limited to: Zero – K: diapers (at least 4-6 per day), wipes, formula, bottles, underwear, change of clothes, ETC. I understand that my provider does not provide these items. If pertinent items such as diapers or wipes are not provided, I understand that I will be charged a fee of \$0.25 per wipe and \$1.00 per diaper and \$1.50 per bottle of formula.

I understand that upon completion of my contract I must provide my provider with at least two weeks’ notice if I choose not to renew my contract. By signing this contract, I am agreeing to all terms and conditions. I understand that this is a legal binding document. If I fail to honor my contract, I understand that the provider has the right to take any necessary legal steps to resolve the matter. I also understand that the conditions of the contract are subject to change but I will be notified in writing of any changes and given the opportunity to accept or decline changes.

ACCEPTANCE OF CONTRACT

The above specifications and conditions are satisfactory and are hereby accepted by both provider and parent. We have carefully read, agreed to, accepted and signed contract.

DATE ACCEPTED _____ PARENT SIGNATURE _____

CHILDCARE PROVIDER _____ DATE _____.