

Provider-Parent Agreement for Laetitia Craig's Daycare

**Laetitia Craig
4261 Hammock Drive South
Colorado Springs, Colorado 80917
573-9401**

The purpose of this contract is to outline the policies and procedures under which I operate as a Daycare Provider. I give the children in my care opportunities to learn in a family like setting with mixed age groups, where they can feel safe and loved and can begin to build a positive self image. Your child will receive quality personal and individualized care in a warm and loving home. Your questions and comments are important so we can achieve the very best experiences for your child.

Child's Name and Enrollment Information:

I agree to enroll my child (ren) _____ in ***Laetitia Craig's Daycare*** beginning on _____.

My child (ren) will be attending the following days of the week: (please circle)

Monday Tuesday Wednesday Thursday Friday

My child (ren) will arrive at: _____. My child (ren) will be picked up by: _____. I understand that this contract will be in effect until terminated or modified in writing and signed by both parties. Laetitia Craig reserves the right to increase rates in January of each year.

The first two weeks of enrollment are considered probationary for everyone; either party may terminate care any time during that period. After the probationary period, you may terminate this agreement by giving four weeks written notice. I retain the right to terminate this contract immediately in the event of destructive, uncontrollable, or violent behavior or failure to cure nonpayment within 10 days past due.

Initial _____ Initial _____ Initial _____

Fees:

Payments: I understand that cash or check payment is due bi-weekly, in advance, by pick up time on Friday. Specific dates are listed in the handbook. Checks should be made payable to **Laetitia Craig**. I agree that the weekly fee for my child (ren) to attend **Laetitia Craig's Daycare** is \$_____ per child. I also agree to give at least four weeks written notice should I wish to withdraw my child from day care.

Overtime fees: I understand an overtime fee of **\$ 5.00 per 15 minutes**, per child, will be charged for late pick up.

Late fees: I understand I will be charged a late fee of \$10.00 per day for late payment.

Returned check fee: I understand a fee of **\$35.00** will be charged for all returned checks in addition to standard late fees. A second returned check would require future payments to be made in cash or money order.

Initial _____ Initial _____ Initial _____

Absences, Sick Days and Early Departure Days:

In the event that my child leaves daycare early because of illness or any other condition that may affect the health and well being of other attendees or does not attend during his/her scheduled time, I am responsible for paying for the time my child would normally attend. If my child is ill, I will call Laetitia (573-9401) as early as possible on the day of illness to let her know my child will not be in attendance that day. I understand that payment is based on the hours I agree to use childcare, not the actual hours of attendance. If I reserve a spot for additional children, or for my child to attend an additional day, I will be charged for that day regardless of actual attendance.

Initial _____ Initial _____ Initial _____

Health and Medication:

I agree to furnish **Laetitia Craig** with a signed emergency medical statement on the first day of enrollment 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, dose, and prescription number. I further understand that I am responsible for filling out a dispensing medication form available to me from Laetitia Craig when my child is taking medication. I agree to accept and abide by the guidelines outlined in the handbook regarding exposure and exclusion from daycare.

Initial _____ Initial _____ Initial _____

Holidays/Personal Days:

I understand that **Laetitia Craig's Daycare** will be **closed** on the following paid holidays: New Years Day (Jan 1st), Martin Luther King Jr. Day (Jan 19th), President's Day (Feb 16th), Memorial Day (May 25th), Independence Day Observed(July 3rd), Labor Day (Sept 7th), Thanksgiving Day (Nov 26th), The Friday after Thanksgiving (Nov 27th), Christmas Eve (Dec 24th), Christmas Day (Dec 25th) and New Year's Eve (Dec 31st). I also understand that Laetitia Craig will take **10** paid personal (vacation) days per year.

Initial _____ Initial _____ Initial _____

I have received and read the current 2009 handbook for **Laetitia Craig's Daycare**, and agree to comply with all rules and responsibilities stated therein.

Initial _____ Initial _____ Initial _____

This signed copy will be kept and maintained in my child's file. If requested, **Laetitia Craig** will provide me with a copy of this document for my records.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Laetitia Craig Signature	Date