



## WIGGLES AND GIGGLES HOME DAYCARE

**Address** 2274 Matthew Circle Deltona FL, 32738

**Phone:** 407-773-8643

**Email:** wigglesandgiggles20@outlook.com

# Contract/Agreement

After reading the parent handbook, please read over this contract. Fill the information highlighted in red. Sign, date and return this copy to the provider. The provider will keep this contract on file, and you will receive a copy of this signed contract with rates included.

Date of Enrollment\_\_\_\_\_

Date of Contract\_\_\_\_\_

Child's Name\_\_\_\_\_ Sex \_\_\_\_\_ Birthdate\_\_\_\_/\_\_\_\_/\_\_\_\_ Age  
\_\_\_\_\_

Child's Home Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Child's Home Phone # (\_\_\_\_) \_\_\_\_\_ Parent/Guardian's Email Address\_\_\_\_\_

### EMERGENCY INFORMATION

In the event a parent cannot be contacted, please list who can be notified in the case of an emergency.

Name\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship to child\_\_\_\_\_

Name\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship to child\_\_\_\_\_

Please list all people who can pick a child up from care without written consent from parents.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### Rates for the care of your child:

- Full time rate: more than 5 hours but less than 10 hours per day \$\_\_\_\_\_ per week

- Part time rate: less than 5 hours per day \$\_\_\_\_\_ per week
- Weekend time rate: over 5 hours but less than 10 per day \$\_\_\_\_\_

All special arrangements that fall outside of regular rates and times listed above are advised to be made and confirmed with the provider with a minimum of two (2) weeks' notice. Payment is due at the time of drop-off.

**Please indicate the days and times your child will be attending below:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	From	From	From	From	From	From
To	To	To	To	To	To	To

It is important that arrival and departure times are punctual and brief-so that we can all get settled and proceed with our activities. If you need care beyond the contracted hours you will need to prearrange this with the provider. The provider is under no obligation to provide an extension of time if such extension conflicts with the provider's own plan. Late arrival does not justify late departure.

Payments Tuition fees are to be paid, in full on Monday morning or the last day of childcare for that week's care.

#### **LATE FEES**

\$5/day late fee will be added if payment is not received by Monday morning. If the full payment plus \$5/day late fees are not received the child may not be allowed to remain at school at the time of drop-off and must remain home until tuition (plus late fee) is paid in full in cash or money order.

The parent will be responsible to pay for any time the child misses while the parent is "catching-up" on tuition.

#### **OVERTIME FEES**

Overtime is considered any time outside the agreed upon interval of time. The following charges will be assessed for overtime incurred, payable upon arrival to pick-up the child:

\$1.00 per minute in cases where overtime is not prearranged.

#### **DEPOSIT**

A deposit in the amount of 1-week tuition is due at the time of registration. This amount will be applied to the child's last week of tuition when notice of withdrawal is received in writing. In the event the parent does not provide written notice of their child's withdrawal, this deposit will be applied to the child's account.

The parent agrees to pay a deposit specified by the provider, in full due at time of enrollment.

#### **REGISTRATION FEE**

There is a one-time registration fee of \$45 day per child due upon enrollment

#### **TERMINATION/TRIAL PERIOD**

A two-week trial period will be in effect starting on the first day of care and ending on \_\_\_\_\_. During this trial period either party may choose to discontinue services with written notice. Parent will only be charged for day(s) child received care during the trial period.

Either party with two weeks' notice or equivalent tuition payment may terminate this contract. Both parties reserve the right to terminate without notice if the other party is in substantial violation of the agreement and/or safety or health of children is endangered.

#### **AGREEMENT**

I / we have read the policy/ handbook and contract and will comply with all the provisions contained therein. At this time, I/we shall enter into contract with SANDI LYNCH, WIGGLES AND GIGGLES HOME DAYCARE for care of the above-named child with the understanding that we shall work together on the behalf of the child.

This contract is in effect until a change is mutually agreed upon in writing or upon termination of care. Both parties agree to cooperate and work together on behalf of the child and accept this agreement as a binding contract.

This contract is subject to review and renewal on \_\_\_\_\_. Any changes made by the provider to the terms of the contract must be made on the renewal date unless mutually agreed to beforehand by the provider and parents or guardians who are parties to this contract. Otherwise, this contract will remain in effect until the renewal date or upon termination of care as set forth herein.

I/we agree to update the emergency contact form whenever changes occur or every 6 months at a minimum.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I have discussed and reviewed this contract and policy/handbook and agree to provide care for the above indicated child, to be placed in my facility as long as the terms of this contract are upheld.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Legal Address of Provider:** 2274 Matthew Circle Deltona Fl, 32738

## **Contract Termination**

To be completed by the provider upon request for termination of contract.

Contract Terminated on \_\_\_\_\_

Reason of Termination \_\_\_\_\_