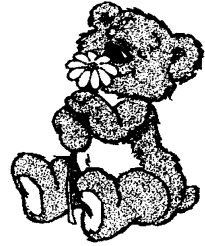


Agreement for Child Care



Rates:

- \$50per day for drop-in
- \$180per week M-F ages 25-months and up
- \$200per week M-F ages 6-weeks through 24-months
- \$25per week for Potty Training (separate contract required)

The amount shown on this agreement is due even though your child may not be in my care due to illness or vacation. This contract is based upon my working the hours and days shown below. All exceptions will be charged at the rate of 10 dollars per hour payable at the end of each day.

Working Days = M – T – W – T – F Hours = _____ Fee \$ _____

Payment is required on each Friday for the following week and is not refundable. Please remember that this is my livelihood. Be prompt with your payment.

Holidays, Sick Days, Vacation

The following is a list of holidays and vacation for which I **will be paid**.

- New Year Day (January 1 - paid)
- May 1st – May 5th (paid)
- Memorial Day (observed - paid)
- Day Before Independence Day (July 3 - paid)
- Independence Day (July 4 – paid)
-
- Labor Day (observed – paid)
- Thanksgiving Day (observed - paid)
- Day After Thanksgiving (paid)
- Christmas Eve (December 22nd – paid)
- Christmas Day (paid)
- December 26th – December 30h (not paid)

I will take ten (10) paid days each year, in addition to paid holidays, for medical appointments, sick days, or other unforeseen personal business.

Important Policy Statements

- If your child has a fever of **101 degrees** or higher you **must take them home**. (per KDHE health regulations) In order to insure the health and safety of other children in my care, the child can only return after their fever has broken for at least **24 hours**.
- A signed note is required for someone other than the mother or father to pick up a child from my care. This note must include the full name and contact phone numbers of the person who will be picking up.
- Formal written notice of at least 4 weeks is requested when you plan to stop using my day care in order to use your last weeks' deposit for my services.
- A cash fee will be paid for referrals who pay a deposit for a future position or who complete and pay for 2 weeks of day care.

I (we) the undersigned agree to the terms of the Agreement for Child Care.

Mother's name and signature

Father's name and signature

Date _____ Date _____

Required Information

Be sure to include both first and last name.

Please *print* legibly.

Mother's name _____ Father's Name _____
Home phone # _____ Home phone # _____
Work phone # _____ Work phone # _____
Cell phone # _____ Cell phone # _____
Email _____ Email _____

In Case of Emergency

List the name and phone numbers of someone to call if the mother and father are unavailable.

Name _____ Relationship _____
Home phone # _____ Work phone # _____
Cell phone # _____ Email _____

Personal Information

Child's name _____
Known allergies _____

Birth Date _____

Name and birth dates of brothers & sisters.

Type of any pets and their name(s)

Release of Liability (This section must be signed and notarized.)

I (we), the undersigned, release Dianne Echohawk and all associates from any liability now or in the future for any accidental injury my (our) child may suffer while in her care.

Child's name _____
Mother's name _____ Mother's signature _____
Father's name _____ Father's signature _____
Notary signature _____ Commission expiration date _____