Tara’s DayCamp Family ChildCare/Preschool

1208 E. 168th Pl

South Holland, IL 60473

(708)818-TARA (8272)

Contract/Agreement

After reading the policy/ handbook, please read over this contract. 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.

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

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Age \_\_\_\_\_

Child’s Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_zip\_\_\_\_\_\_\_\_

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

**EMERGENCY INFORMATION**

In the event that 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 child up from care without written consent from parents.

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

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

**Rates for the care of your child:**

* Full time rate: 7:00am to 5:00pm Monday thru Friday **$\_350.00\_** per week
* Part time rate: less than 5 hours per day **$\_175.00\_** per week
* Before/After care rate: before 7am and after 5pm **$\_75.00\_** per week
* Registration Fee **$65** Annually

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| From  To | From  To | From  To | From  To | From  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.

**Holidays/Vacation**

Tara’s DayCamp will close with pay for the 9 major holidays, which include: New Year’s Day, Dr. Martin Luther King Day. Presidents’ Day, Memorial Day, Juneteenth Day, Independence Day, Labor Day, Thanksgiving Day. And Christmas Day. Payment is due for my paid holiday, even if the holiday falls on a day I am normally closed (such as Saturday or Sunday). I will also take one week (five weekdays) of paid vacation each calendar year. All closures are reported on the annual calendar.

**Payments**

Tuition fees are to be paid, in full by Monday morning or the Friday prior to the start of the next week. No money will be refunded for any reason.

**LATE FEES**

A **$15** late fee will be added if payment is not received by Monday morning. If the full

payment plus **$15** late fee is not received by Monday morning, the child will 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.

**Non-sufficient Fund**

**$45.00** will be charged for any NSF checks. The parent must pay the amount of the check plus the **$45** fee

immediately upon notification of a returned check. The child will not be permitted to stay in school until all

fees are paid in full by cash, Zelle, CashApp, Venmo, or money order.

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

The parent will be required to pay by cash, Zelle, CashApp, Venmo, or money order only after the first returned check.

**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:

* **$10.00** for first 5-minute and **$5** for each minute thereafter starting with the first 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 in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in full

OR 3 installments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ due at time of enrollment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be included with 2nd week’s tuition payment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be included with 3rd week’s tuition payment

**Registration Fee**

There is a onetime registration fee of **$65** per child due upon enrollment.

**TRANSPORTATION**

This signed contract gives the provider permission to transport by car or stroller or walk said child to locations

off the premises. The parent will always be notified of an outing before it takes place. All children will be placed

in age/weight appropriate safety seats as required by Illinois state law. Parents may be requested to

provide a safety seat for the day. At NO time will any child be left unattended in a vehicle for any reason. I

carry copies of the emergency forms with a picture of each child attached. In the event of an emergency away

from the facility, your child will be cared for and you will be notified.

**Water Play**

This signed contract gives permission for said child to participate in all water activities, supervised by

provider, at and away from the facility.

**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 actually received care during 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 Tara I. Walls, Tara’s DayCamp Family ChildCare/Preschool for

care of 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: 1208 East 168th Place City: South Holland State: IL Zip: 60473

Contract Terminated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason of termination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_