**Unique Little Hands Child Care Agreement/Contract**

Welcome to Unique Little Hands Child Development Center. The purpose of this agreement is to define the mutual terms for childcare arrangements. Please let me know of any changes of address or telephone or emergency numbers. Parents are welcome to visit at any time during childcare hours.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Hours and Days of Operation

Childcare services will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

The hours for care will begin at \_\_\_\_\_\_\_\_a.m. /p.m. and end at \_\_\_\_\_\_a.m. /p.m. on the following days:

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

**If your child is going to be absent or late, please call-in advance.**

**Holidays recognized by center are posted in the Parent Handbook.**

**My typical hours are:**

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Time In** | **Time Out** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**Fees**

$\_\_\_\_\_\_\_\_\_\_\_\_ per week for full-time care.

$\_\_\_\_\_\_\_\_\_\_\_\_ per hour for regular, part-time care.

$\_\_\_\_\_\_\_\_\_\_\_\_ per hour for drop-in care, if space is available.

$\_\_\_\_\_\_5.00\_ fee for being late will be charged for any time after 20 minutes late unless pre-arranged

Childcare fees are payable in advance and are due no later than Monday at 5:00 p.m. of that week of care.

Fees will be paid weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly \_\_\_\_\_\_. **($35.00 FEE due after 5 DAYS LATE)**

An advance deposit of $ \_\_\_\_105.00\_\_\_\_\_\_\_ must be paid at the time of enrollment.

Childcare fees will be paid by: check/M.O. \_\_\_\_\_\_DSS \_\_\_ (if DSS what is your Co-Pay?) \_\_\_\_\_\_\_\_\_\_\_\_

**Notice:** A two-week written notice is required for any of the following:

1. Termination of the agreement by either party.

2. Increases in childcare fees.

**Illness**

Please notify me if your child will be absent because of illness.

If the child is absent, payment is still required to reserve your child’s space.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

If your child becomes ill during care, you will be asked to pick up your child within \_\_\_1\_\_ hours. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to childcare when the child is no longer sick.

**Immunizations**

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child’s file.

**Clothing**

Label your child’s clothing and other items with his/her name and bring it in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following: \_\_\_ diapers \_\_\_ baby wipes\_\_\_ bibs.

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_