

Discover Little Miracles Parent/Child Contract

Discovery Stage Daycare Centers Ltd.

Open 6 a.m. to 6 p.m.

(A separate contract must be filled out for each child.)

Child's Name _____ Date of Birth _____ Age _____

Parent/Guardian _____ Address/Zip _____

Home Phone # _____ Work# _____ Cell# _____

Place of Employment _____ SS# _____

First Day of Attendance _____ E-Mail _____

Arrival Time: _____ Departure Time: _____

Preferred form of contact: Phone Text e-mail _____

• Cell phone provider _____

Circle days needed:

Full Day M T W TH F

Please choose a payment option from the attached rate sheet, and then complete the following statement:

According to the above indicated schedule of attendance for this child, my weekly payment will be \$ _____

Carefully read and initial each section listed below; then sign and date on the parent/ guardian line at the bottom of the page.

1. _____ All fees are paid to Discover Little Miracles. Payments are to be made using Tuition Express.
2. _____ There is an enrollment fee of \$100.00, and an annual registration fee of \$50.00.
3. _____ Payments are due on the Thursday before the next week of care. All payments received later than the due date will be assessed a late fee of \$2.00 per day. Care will be terminated if payment is not on record by the following Thursday. Returned check fee is \$30.00 each time any check is returned. Anything over 10 hours will be charged at an hourly rate, rounded up to the hour. No half hours will be calculated. After 6pm there will be a charge of \$1 per minute per child.
4. _____ All changes to your contract must be submitted in writing by filling out a new contract and will not go into effect until the following week. Contracts must be submitted to the director; teachers cannot accept contract changes.
5. _____ No credit will be given for sick/absent days. You are expected to pay for the days listed on your contract.
6. _____ A two-week written notice is required in the event you wish to terminate care. Normal fees will continue to accrue during the two-week period, which begins the day that the written notice is received by the director.
7. _____ Children with special physical or emotional needs or challenges will be accepted if the program is determined to be in the child's best interest, and/or the child does not require an inordinate amount of staff time that would take away from other children's care.
8. _____ All holidays are charged days.

Registration

Registration fee, signed contract, first week's tuition, completed registration packet, immunization, and health records must be on file prior to first day of attendance.

Tuition Policy

Full day care rates are charged for a child who attends a maximum of ten hours. (Minimum two days per week) Full day care rates include breakfast, lunch and snack. When a child needs special food or formula, the parents must provide, at no discount.

- ❖ All child care fees are due on the Thursday in advance of scheduled time. You will receive a monthly statement of your account, and weekly receipts for payments collected upon request.
- ❖ Any time beyond the hour is automatically charged to the next hour. No half hours will be calculated.
- ❖ Field trip charges are in addition to listed tuition charges
- ❖ All center holidays are charged days. (New Year's Day, Memorial Day, 4th of July, 2 Day Staff Inservice, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day. If the holiday falls on the weekend, the Friday before or the Monday after will be honored.
- ❖ Families with two or more children enrolled concurrently will receive a 10% discount on their oldest child's tuition.
- ❖ Credit Policy: After one continuous year of enrollment, you are eligible for credit days. You will receive one credit day equal to the number of full-time days per week your child attends on a regular basis. (i.e. A child who attends 4 days per week, 5 or more hours per day, for 1 year, would receive 4 credit days.) Credit days may only be used for days your child is not in attendance. Credit days expire one year after they are issued.

I have read and understand Discover Little Miracles payment and vacation credit policies and agree to abide by them.

Signature: _____ Date: _____

Administration Signature: _____ Date: _____