**Treasured Friend Daycare Contract / Services Agreement**

**Mother/Guardian:**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father/Guardian**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above signed Parent agrees to pay $\_\_\_\_\_\_\_\_\_\_\_\_ per week for the care of their child(ren) on the following days:

Mon\_\_\_\_\_\_Tues\_\_\_\_\_\_Weds\_\_\_\_\_\_Thurs\_\_\_\_\_\_Fri\_\_\_\_\_\_

**Treasured Friend Daycare Contract / Services Agreement**

This Contract between Treasured Friends Daycare and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is for the enrollment of

 (Parent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Treasured Friends Daycare

 (Child(ren)

on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for daycare services under the terms and conditions of this (First Day of Enrollment)

agreement.

**Tuition Payments:**  INT.\_\_\_\_

Payment for services is to be paid by Monday morning for care for that week. Payments not paid by Friday at 6:00 p.m. will be subject to a weekly $5 late fee, which will be added to my account. After two weeks of accumulated payments, my child will not be allowed to attend until payment is made in full.

**Late Pick-Up Fees:** INT:\_\_\_\_

We understand that Treasured Friends Daycare closes promptly at 6:30 pm. A charge of $1 per minute starting at 6:30 pm will be added to your account.

**Returned Check:** INT: \_\_\_\_

A $20 service charge will be added to your account for any tuition checks that are returned.

**Subsidized Payments:**  INT: \_\_\_\_

If your tuition payments are subsidized by Michigan Department of Human Services (DHS) you are responsible for the remaining portion of all tuition and additional charges.

**Holidays:**  INT. \_\_\_\_

Parent understands that payment is a guaranteed rate and includes full pay for holidays, with no credit for absent or sick days. If a holiday falls on a Friday when daycare is closed, payment will be accepted on Monday with no late charge. If for any reason your child(ren) will not be attending daycare on Friday, parent is still responsible for payment on the scheduled day unless other arrangements have been made. Daycare observes and is closed for the following holidays:

* New Years Day
* Memorial Day
* Independance Day (4th Of July)
* Labor Day
* Thanksgiving (Thursday And Friday)Christmas Eve Day
* Christmas Day

**Time off:**  INT:\_\_\_\_

You will be responsible to pay for the days that your child is scheduled to attend. If your child is scheduled to attend for five days, you are then responsible to pay for five days unless the rule below applies:

-Free days shall be as follows: The free day amount is determined by the normal number of days that your child attends times 2. Anything over your predetermined free days will be charged to your account in order to maintain a slot for your child. In order to redeem a free day, a one week notice must be given. Two week notice is required if you will be using more than three free days during one time period. Please put the request in writing. Free days cannot be used for sick days or last minute absences. Since staff scheduling is done in advance they are designed to be used for vacations / planned absences.

**Scheduling**: INT:\_\_\_\_\_

Parent will need to inform the office by Friday morning of schedule changes that will take place for the next week. This enables Treasured Friends Daycare to plan for adequate staffing for the following week.

**Meals:** INT.\_\_\_\_

Nutritious snacks will be provided for your child(ren), but they are never forced to eat it. If your child is not eating provider will notify parent immediately.

Serving times are as follows:

Breakfast 7:00 am to 8:30 am

Snack 9:30 am to 10:00 am

Lunch 11:30 am to 12:00 pm

Infants:

All formula and baby food is to be provided by parents. All formula must be prepared at home and brought to the center in sealed bottles.

**Medicine:**  INT:\_\_\_\_\_

Provider will administer medicine to your child(ren). Daycare Administer Medicine Form will need to be filled out and signed by the parent. All medicine will be properly stored and the container must be labeled and clearly marked with your child(rens) name(s), the dosage, and times to be administered. Medicine supplied in an unmarked, unlabled container will not be administered.

**Immunizations:** INT:\_\_\_\_\_

All children are required to have a photo copy of their current and updated shot records on file. Parents are required to keep their child(rens) shots up to date. (This is very important because State Licensing does come unannounced and will review all paperwork pertaing to daycare).

**Illness:** INT:\_\_\_\_\_

We must maintain a healthy environment for the benefit of your child(ren) and the other children enrolled in daycare. A child must stay home if they have a fever (101 or above), are vomiting, has diarrhea, or any illness which is determined to be harmful to your child(ren) or the children enrolled in daycare. If your child becomes ill while at daycare provider will call parent to come pick up their ill child immediately.

**Allergies or Medical Conditions:** INT:\_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

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

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parents are to notify Treasured Friends Daycare of any new medical conditions.*

**Supplies:** INT:\_\_\_\_\_

Provider will supply all the items needed for your child(ren) to play and learn with while in daycare. Items include (but are not limited to): activity coloring books, games, toys, puzzles, outdoor play equipment, etc. If your child brings a toy or an item from home, provider will not be responsible if the toy or item gets lost or broken.

Items required for your child(rens) first day of attendance:

\_\_\_\_\_\_ Diapers (if needed)

\_\_\_\_\_\_ Baby Wipes (if needed)

\_\_\_\_\_\_ Extra Set of Clothes

\_\_\_\_\_\_ Security Item (if needed)

\_\_\_\_\_\_ Teething Toys (for infants)

\_\_\_\_\_\_ Bottles (for Infants)

Provider keeps records of all payments for daycare and will provide parent with an end of the year statement if requested. If parent requires a weekly receipt please let provider know.

**Withdrawal and Dismissal Policy:**  INT:\_\_\_\_

A Two (2) week notice must be given by parent to the provider if child(ren) will be leaving daycare. Outstanding tuition balances are due upon final day of care.

Parent keep provider updated with any address, employment, phone number, or emergency contact information changes.

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

Upon the legally binding signature, the parent fully agrees to abide by all rules stated in this contract. The provider’s signature shall therefore and therein serve as the witness in the understanding that the contract has been fully understood by the said party.

 Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

 ProviderSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_