Dates Effective: ______.



Child	Care Services C	Contract		
I, the undersigned parent,				
Henny), the undersigned child	terms regarding the child ca	gels Day Care (Gloria E. field Place, Clinton, Maryland re of		
Hours of Operation: 7:00 am to		3 / I		
Child Care Fees: Payments from Schedul		are listed on the "Payment		
Payments Types: Debit	t/Major Credit Cards only. 1	No cash or checks accepted.		
Discounts: Participant	s will receive a 5% discount	t for multi-child services		
Provider reserves the ri	ight to change payment sche	edule as needed.		
Payment Due Date: Child care the first business day of the mo				
Late Payments: • Late payment of child of past payment due date	-	er day for every calendar day		
• After five calendar days, the Provider reserves the right to <u>cancel</u> Child Care Contract. Reactivation of child care services will require signing of a new contract-including new deposit and increased child care fees (up to 5%)				
Revised: 05/2017	Page 1 of 6	Initials:/ / (Participant) / (Provider		



*Note: The Provider reserves the right to convert the child care contract from a monthly payment schedule to a weekly payment schedule if the Participant has one late payment.

Overtime:

Charges include both before <u>and</u> after hours. Overtime fees are \$1 per minute outside of normal business hours. All overtime fees are due by end of business day.

Established Rate/Schedule:

Please refer to current Fee Schedule (available on www.littleangelsdaycaremd.com)

INTIALIZATION/TERMINATION

Initialization of Child Care Services:

Deposits: A <u>non-refundable</u> deposit equivalent to one-week payment of child care services is required.

Initiation of Child Care services must begin no later than the 2^{nd} Monday after deposit is received.

Hold Fees: Hold fees will be assessed if initiation of child care services is scheduled to begin later than 2nd Monday after deposit is made.

- Hold Fees: 30% of regular Child Care Fees.
- Hold Fees (up to one month) must be paid at time of deposit.
- If initiation of child care services is longer than one month past 2nd
 Monday after deposit, then <u>full</u> child care fees are required thereafter
- All hold fees are non-refundable

Termination of Service:

• Participant is required to give a written notice at two weeks prior to the child's last day.

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	_		(Participant) /	(Provider)



HEALTH AND SAFETY POLICY

Sanitation

- We clean our centers each day with safe, non-toxic cleaning products
- Cleaning supplies are locked safely out of reach of children
- Little Angels Daycare sanitizes toys throughout the day to help prevent the spread of germs
- We encourage children to wash their hands throughout the day
- Diapering is conducted in an area separate from children's play areas

Wellness/Medication

- We have strict policies for administering medication to your child to ensure they are protected
- We require a doctor's note for any medication, prescription or over the counter, given to a child under 2 years to ensure safety
- We notify parents when a child does not feel well to help prevent an illness from spreading

Security

- Our centers are secured so that only authorized staff and families may enter
- Safe, secure perimeters ensure that children can enjoy outdoor play safely
- We use safety gates and cap electrical outlets.
- Our centers include smoke detectors, fire extinguishers and security system

Playground

- Our high-quality playground equipment is safe, sturdy and inspected monthly to ensure it is secure and in good working order
- We have safe fall zones with soft landing areas if your child takes a tumble
- All outside play areas are wrapped in secure fencing

Emergencies

- We have an emergency evacuation plan at our center
- We conduct fire drills with both staff and children on a regular basis so that we are prepared

Revised: 05/2017	Page 3 of 6	Initials:	/	
			(Participant) /	(Provide)



Feeding

- All perishable foods and beverages are store in the refrigerator
- Only child-safe utensils are used

Authorization

Only pre-approved people with photo identification may pick-up your child.

CHILDREN WITH DISABILITIES/SPECIAL NEEDS

Little Angels Daycare will attempt to provide appropriate accommodation	ons
for children with physical disabilities or other special needs. If either ap	plies
o your child, please provide brief description below:	•

Check box if child has an individualized educational plan (IEP) Check box if child has an individualized family service plan (IFSP)

OBSERVED HOLIDAY LIST

The following paid holidays will be observed:

New Year's Day Martin Luther King Day Presidents Day Good Friday Memorial Day Fourth of July Labor Day Thanksgiving Day Day After Thanksgiving Christmas Eve Christmas Day New Year's Eve

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(Participant) / (Provider)



<u>Vacations</u>: The Provider is entitled to a two-week vacation leave. Only a **one-week payment** will be required for the vacation leave.

<u>Sick Leave</u>: The Provider is entitled to six **(6) sick leave days with pay** per year.

CONTACT INFORMATION

Revised:	05/2017	Page 5 of 6	Initials:	(Participant	/ :) / (Provider)
ጥ	Seeking emergency med	lical treatment for my child(ren).				
*	Castring and a second	- li a 1 tua a tua a ut fa :: 1.:1.1/				
In add	ition, I grant permission o	of the following:				
Re	elationship to child(ren):					
	one Number:					
A	iuros.					
	ime: ldress:					
ii tiic j	parent cannot be reached,	contact.				
If the	parent cannot be reached,	contact:				
	1					
M	obile Phone or Beeper:					
H(ome Phone Number: ork Telephone Number:					
Pla	ace of Employment:					
Re	elationship:					
Na	ime:					
M	obile Phone or Beeper: _					
W	ork Phone Number:					
П	ille Phone Number.					
Pla	ace of Employment:					
Re	elationship:					
Na	nme:elationship:					



SIGNATURES

Parent(s)/Guardian(s):		
	Date:	
Child Care Provider:		
	Date:	
Little Angels Day Care (Gloria E. Henny)		

Initials: ____/ ___/ (Participant) / (Provider) Revised: 05/2017 Page 6 of 6