Kelly’s Kid Care, LLC

PARENT/PROVIDER CONTRACT

|  |  |  |  |
| --- | --- | --- | --- |
| **Diaper Rates** | **Full-Time** | **26 or more hours week** | **$ 1,000 month** |
| **Part-Time** | **Up to 25 hours week** | **$ 900.00 month** |
| **Drop-In** | **No guarantee of space** | **$ 50.00/day** |
| **Pre-School** | **Full-Time** | **26 or more hours week** | **$ 850.00 month** |
| **Part-Time** | **Up to 25 hours week** | **$ 750.00 month** |
| **Drop-In** | **No guarantee of space** | **$ 50.00/day** |
| **School-Age**  (Kindergarten and above) | **Before & After School**  **No School Days** | **Each Additional Day** | **$ 500.00 month**  **$ 50.00/day** |

I/We**,** , agree to pay $ **\_\_\_**  per **\_\_ \_\_\_\_**for childcare to Kelly’s Kid Care, LLC for the **schedule outlined below**. **There is no guarantee of attendance outside of the scheduled hours.** The rate includes credit for the days we are closed throughout the year.

# SCHEDULE:

#### Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PAYMENTS (must be made in advance):

### **$\_\_\_\_\_\_\_\_\_once** per month by the **\_\_\_\_\_\_\_\_\_\_** of each month.

### **$\_\_\_\_\_\_\_\_\_twice** per monthon the **\_\_\_\_\_\_\_\_\_**and**\_\_\_\_\_\_\_\_\_**.

* **$\_\_\_\_\_\_\_\_\_every other week** on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
* **$\_\_\_\_\_\_\_\_\_weekly** on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

√ **Payments will begin on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

√ **Two-week Non-Refundable Deposit required to start**.

√ Deposit will be applied to final two weeks of care.

√ Email address for bills and receipts: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

√ Late payments are subject to a **$10.00 per day late charge.**

√ Returned check fees are **$50.00 per occurrence**.

√ A two-week written notice is required to terminate contract.

√ Provider reserves the right to terminate this contract at her discretion.

By signing this, I/We agree to the terms of this contract.

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_