

Right Start Childcare Center

49 William Street Campbellville

rchildcarecenter@gmail.com Phone 592 660 1250



Child Care Services Contract

PARTIES: This Child (Care Contra	ıct made on	•		is between	· ·	
						1.	
	•	Start Ch					
Parent(s)/G	iuardian(s):						·
FOR THE C	ARF OF						
Child Name: DOB							
				DOB			
Child Name	e:			DOB			
Child Name	e:			DOB			
changed po		ast two wee	ks before a	iny changes	s go into eff	ect.	
	SUN	MON	TUES	WED	THURS	FRI	SAT
DROP OFF							
PICK UP							
1st Child \$ 2nd Child\$		PROVIDED:	per mon per mon	th			

PAYMENTS/FEES:

Payments are due by the 5th of the new month. Payment may be made either through MMG or cheques . A late fee of \$2000 will be calculated after the 5th of the month, up to the 15th of the month, after the 15th of the month the late fee is further calculated to \$4000. If payment is more than one month late, this agreement will be terminated.

Parent/Guardian will be charged additional fees for early drop off/late pick up. \$500 per 15 minute increment.

HOLIDAY CLOSURES:

Please refer to Right Start Childcare Center's Handbook

During scheduled holiday closures, the center may provide care for some parents who requests such because they are bound by their work duties. Care if given at this time must be an agreement between the director/supervisor and the parent/guardian. There will be a cost.

CLOSURES DUE TO OTHER REASONS:

For day care closures due to other reasons (e.g. power outage in the area, weather, acts of God, etc.), Parent/Guardian is still expected to pay the full monthly fee.

VACATIONS:

The center will be closed during the Christmas holiday season. Please refer to Right Start Childcare Center Handbook for dates

If a Parent/Guardian plans on taking a vacation and the child will not be in care, the Provider must be given 2 weeks notice. Parent is not expected to pay during their scheduled vacations.

ILLNESS/INJURIES:

When a child is ill and will stay home, the Parent/Guardian is expected to make every effort to give the Provider as much notice as possible. Parent/Guardian is expected to pay on child sick days.

If a child does not arrive for the day and no notice has been given to the Provider, Parent/Guardian is still expected to pay for that day of care.

When a child becomes ill while in the care of the Provider, the Provider will immediately notify the Parent/Guardian. If child presents with a fever above 36.4C, vomiting, or diarrhea, the Parent/Guardian or approved pick up person, will be required to pick up the child from day care.

In the event of injury, Parent/Guardian will be notified immediately. If it is a life threatening injury, emergency authorities will be contacted.

TRIAL PERIOD:

All children will be accepted on a 2 week trial period to ensure that the child is adapting well to our center. During this 2 week trial period, the Provider or Parent/Guardian can terminate this agreement with 1 day written notice if it believed that the child is not adjusting. After the 2 week trial period, care can be terminated by either the Provider or Parent/Guardian by providing a 2 week written notice and a reason.

AGREEMENT SIGNATURES

IN WITNESS WHEREOF, the Parties hereto agree to the above terms and have caused this Agreement to be executed in their names.

Provider Name: Holly Caesar		
Provider Signature:		_
Date:	_	
Parent/Guardian Name;		
Parent/Guardian Signature:		
Date:	_	
Parent/Guardian Name:		
Parent/Guardian Signature:		
Dato:		