

Linda's Little Laboratory Childcare
Where we care about a child's need to explore through play!
 License #503601520

Weekly Rates

\$125.00 per week for infants under 24 months
 \$125.00 per week for 2 and over not yet potty trained.
 \$110.00 per week for children 2 years (potty trained only) & older (This is to include children requiring before and or after school care, I have only so many slots. You are paying for this slot). If you need care before 6:30a or after 5:30p you will need to add \$10.00 per day additional charge
 If you have a need for weekend care, please see me as availability is very limited.
 ____ Please read and initial

Drop-in rates

\$35.00 per day, per child.
 This day care is open from 6:30 am until 5:30 pm Monday thru Friday. We are closed on weekends. At least one of my helpers is here 8:30 AM TILL 4:30 PM. We are all CPR/1st aid certified and 15 hour health and safety, new hires will be 15 hour Health and Safety certified as soon as possible.
 ____ Please read and initial

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop - off					
PM Pick - up					

Child's Name _____ Child's age _____
 Child's Name _____ Child's age _____
 Child's Name _____ Child's age _____

Rules and Regulations

Late charges will be \$10 per 15 minutes. Late is considered to be 5 minutes past your due time without prior arrangements. Example: A work day of 8 to 5 would have a drop off at 7:30 am and a pickup due time of 5:30 p.m. (commuters are excluded).
 ____ Please read and initial

Weekly day care fees are payable in full regardless of holidays, children's short-term illnesses, or any unscheduled vacation days. Payment for childcare must be paid on Monday mornings and if not paid at drop off they will be met with a \$10.00 per day late fee, beginning Monday evening. I do not want your money for late fees; I just want to be paid on time. Linda's Little Laboratory requires that parents sign their child in and out each day at the time that they arrive and depart. If you do not sign your child in or out on any given day you will be charged \$1.00 per incident.
 ____ Please read and initial

In case of contagious illness or an illness where your child cannot keep up with our activities, or an illness taking me away from the other children in care, please keep your child home until he or she

is better. Fever (101 plus, not caused by teething), vomiting, diarrhea (occurring more than once in a ½ hour time frame), or head lice will be cause for your child to be picked up immediately. They must remain home for at least 24 hours after fever has subsided, nits and lice are removed totally. In the case of my illness, I will notify you to pick up your child or call you in the morning (or the night before) so you can make other arrangements. Please be sure you have reliable back-up care. I will be allowed three paid sick days per year.

___ Please read and initial

I belong to Monterey Bay, which regulates that I provide nutritious meals for your children. All meals are served with milk: snacks include milk or 100% juice. Your child will receive 2 meals & 1 to 2 snacks on a normal full day.

___ Please read and initial

The day care will be closed on the following paid holidays: Martin Luther King Jr. Day, Presidents' Day, and Memorial Day, Independence Day, Labor Day, Veterans' Day, Thanksgiving & the day after, & Christmas week thru Jan. 2 (which will be subject to change in regard to which year we are in). Please plan ahead. This would be a nice time for all of us to take a winter vacation. Please look at scheduled days off for each year. Please note that holidays falling on Tuesday will have the Monday off attached to them, same goes for holidays on a Thursday with Fridays being the additional day off.

___ Please read and initial

All vacations require a 4-week written notice. You will not be charged for your 2-week vacation if notice has been given in time. However, any additional vacations require payment of 1/2 your weekly rate. I will provide a 4-week notice for any vacation I might take; I will also be taking 2 weeks paid vacation. I will try to give you a list of other providers who may be able to help you out with your childcare needs for my vacations.

___ Please read and initial

A 2-week notice must be given for any of the following situations:

1. Termination of agreement by either party. ___ Please read or initial
2. Increase in day care rates. ___ Please read and initial
3. Vacations by either party(4 weeks is required). ___ Please read and initial
4. Any Changes in child's normal daycare hours. ___ Please read and initial

This is a legal & binding agreement & will be used in a court of law if needed. ___ Please read and initial

I do accept payments from third party funding agencies (i.e.: Stan Works, Alternative Payment Program etc).

Parents with funding available to them are expected to pay what ever the funding agency does not cover. This included any unexcused absences.

The parent is responsible to sign the daily sign in/out sheet with full signature, and times in and out each and everyday. All sheets must be fully filled out by months end or a \$10.00 per day fee will apply.

___ Please read and initial

Any paperwork including hour's verification forms or paycheck stubs required by the Third Party Funding Agency **MUST** be complete and signed no later than the last day of attendance for that month so that it can be mailed to the appropriate office by me. Any mistakes in paperwork made by

you that delay my payment will require you to begin paying me weekly then I will reimburse you when I receive the check from your funding source.

Any paperwork not received to me by the last day of each month will result in a late fee of \$10 per day to be paid by the parent.

Finally, Third Party Funding Agencies will only pay for the time you are at work or at school plus a reasonable amount of travel time. Reasonable travel time is defined as 30 minutes each direction to work or school by car OR 1 hour each direction by public transportation. Please do not plan on leaving your child with me for hair and nail appointments without asking first. The charge for any extra hours of care are \$10.00 per hour.

___ Please read and initial

Third party funding agencies cover only federal recognized holidays such and will not pay for the day after Thanksgiving, Christmas Eve or New Year's Eve. The parent(s) agree to pay for these days that are not paid.

___ Please read and initial

The parent also agrees to pay the provider for two weeks of vacation equal to the amount of my weekly rate. This can be paid to the provider in weekly installments in advance if the parent wishes to do so.

The parent also agrees to pay any late pick up fees or fees resulting in required paperwork being turned in after the last day of each month.

Third Party Funding Agencies have very specific guidelines regarding absences. They will only pay for excused absences. They will also only pay for "necessary child care hours," (hours parent is working plus sufficient travel time). If parent is not working, it is the parent that agrees to pay for care for that day. Third Party Funding Agencies will pay for excused absences such as: illness of the child, illness of the parent, family emergencies). The parent agrees to pay for any unexcused absences or any excused absences not paid.

___ Please read and initial

By signing this, you are agreeing to the above. Please make sure I have every possible way to get a hold of you in case of emergency.

Signature _____ Date _____

Driver's License # _____ SS# _____

Home phone# _____ Work phone# _____

Cell phone# _____ Pager # _____

Please make sure I have every possible way to get a hold of you in case of emergency.

Signature _____ Date _____

Driver's License# _____ SS# _____

Home phone# _____ Work phone# _____

Cell phone# _____ Pager # _____

Provider Signature _____ Date _____

This is a legal & binding agreement & will be used in a court of law if needed. ___ Please read and initial

Please make sure that your signature is clear and legible.