

## PARENT / GUARDIAN, PROVIDER CHILD CARE AGREEMENT

The following agreement is made between:

1. Mother/Father  
Address :

Home Tel No.  
Cell No.

Child's Name :

Date of Birth:

AND

2. Lourde Duarte

Home Tel No. 310- 741-7498

Address : 3547 Greenwood Ave., Mar Vista, CA 90066

### Policies:

Payment should be made per Month or Bi-Weekly, payments will be due 1st Monday of each Month , or every other Monday. I will provide care for your child Monday thru Friday, or the days / time that we agreed upon.

**Hours:** am. - pm.

**Rates :**

**Food, Formula and Baby Food are provided.** I participate in the **Child & Adult Care Food Program (CACFP)**, a nutrition program funded by the United States Department of Agriculture (USDA) and sponsored by **Evergreen, Inc.** The purpose of this program is to promote good eating habits among children. Providers receive cash reimbursement for approved meals. As participant, i have agreed to follow USDA minimum standards in the planning and serving of meals to the children in my care.

**Diapers, Wipes are not provided.**

### Overtime Rates:

1. If s a parent does not pick up their child by 5:30pm, there will be a late fee of \$1.00 a minute. Late charges should be paid the next day.

### Rates Regarding Holidays, Vacations and Other Absences:

1. The following are paid Holidays, when they fall on a regularly scheduled day, Memorial Day, Juneteenth (June 19),4th of July, Labor Day, Martin Luther King's Birthday, President's Day, Veteran's Day, Thanksgiving (Thursday and Friday),Christmas Eve and New Year's Day. If a holiday falls on Saturday/Sunday, Friday/Monday will be considered a holiday.

2. There will be no charge if we are closed due to the illness, or emergency of the provider.

3. Charges related to provider's scheduled vacation : Parents will pay 50% of my usual weekly rate for up to two weeks a year. However, if I leave my facility open

during the time that i am on vacation, (only if you bring your child) you will still pay 100% plus my vacation rate which is 50% of my usual rate , as described above.

4. Charges related to parents scheduled vacation : Parents will pay 1/2 of weekly rate for up to two weeks. In excess of two weeks, you have to pay regular rate.

5. Charges related to child's illness, absences will be charged . It is my responsibility to do my best in preventing the children from catching a virus from an other child. Parent will be called to pick up their child as soon as early as possible if the child have any contagious symptoms which imposes a threat to the health or safety of the other children and staff in the day care or if a child has a fever of over 100F. **Please be considerate, if your child shows any signs of an oncoming illness, keep your child home.**

**6. Other Charges:**

1. A \$35.00 fee will be charged for bad checks (Insufficient Funds).
2. Registration fee is \$75.00 non-refundable .
3. A holding fee (deposit ) of \$\_\_\_\_\_ is required which will be applied to the last week's payment or forfeited if the child does not come for care as agreed on \_\_\_\_\_ .

**Termination Procedure:**

This contract may be terminated be either parent guardian or provider by giving 2 weeks written notice in advance of the ending date.

A parent will be charged for their child's scheduled days whether the child shows up or not. The provider may terminate the contract without giving any notice if a parent does not make a payments when due. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other of the terms of the contract.

**Signatures:**

By signing this contract, parent(s) agree to abide by the written polices of the provider. The provider may amend the policies by giving the parent(s) a copy of the new or changed policies at least 2 weeks before they go into effect.

**Provider's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_