**ADVENTURE KIDS DAYCARE**

**Child Care Agreement**

Adventure Kids Daycare, herein called AKD, agrees to provide child care for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_,

beginning \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_on the following terms and conditions:

**A. FEE AND PAYMENT PROCEDURES:** Initials:\_\_\_\_\_\_\_\_\_\_

1.Parent(s) agrees to compensate AKD for child care services and preschool at the the rates listed below. Payments will be made (Check one) □ WEEKLY, □ Bi-weekly OR □ MONTHLY. If payment is not received in advance, AKD has the right to refuse your Child into the center.

Full Day (5-12 hours)

* + Single Child - $39
	+ 2nd Child - $34
	+ Each Additional Child - $27
	+ Infant (0-2) - $44
	+ Every hour over over 12 hours - $7 per hour for the family as a whole

Hourly

* + Single Child - $7
	+ 2nd Child - $6
	+ Each Additional Child - $5

**\*\*Parents must pay for ALL days signed up for, even if there is a last minute cancellation. (no matter the reason) This does mean the 24 hour period for sick days as well. In order to guarantee our teachers their hours and retain quality teachers we bill for days signed up for not days attended. If you have a schedule change please update by Sunday for the upcoming week so you are only billed for days you need.**

**2.** Late fee: ($10 accrued each week) care can be denied if payment is not made.

Payments must be given to the Director or be left with the Director’s Assistant.

Payments must be made by: cash, card or on-line through the Brightwheel app.

Childcare Payment authorizations must be received from your child’s caseworker before you can pay the lesser rate. All DFS parents must pay full rates until paperwork is finalized.

**Payments are due on Monday and late on Tuesday. If payment is not received by 7:00 pm on Monday then a $5 daily late fee will be assessed and your child will not be able to return to care until paid in full.**

3.AKD shall be entitled to the above fee even if Child is not present at the Child Care Facility on Monday. You agree to pay for all days signed up for at the beginning of each week. If you don’t sign up for a day then you don’t pay for that day. To guarantee a spot for your child please sign up for the days you think you will need when turning in your schedule. We may have room for your child if you didn’t sign up for a day that you ended up needing but it can’t be guaranteed, please call as soon as you know to make arrangements.

4. AKD will notify Parent(s) of any changes in child care fees or the child care contract 30 days before the new rate or contract goes into effect.

**B. TERMINATION PROCEDURE BY adventure kids daycare :** Initials:\_\_\_\_\_\_\_\_\_\_

1. The first two weeks of the Child’s attendance at the Child Care Facility shall be classified as an adjustment period. If, in the judgment of AKD, the Child is not environmentally compatible with the Child Care Center, AKD shall issue a written termination notice. The termination date shall be one week after the Parent(s) has/have received the termination notice. Parent(s) will be solely responsible for alternate child care after the expiration of said one week period. Parent(s) is/are responsible for any unpaid child care fees that have accrued up to the termination date.

2. At any time after the adjustment period, AKD may terminate this agreement without cause by issuing a written termination notice. The termination date shall be two weeks after the Parent(s) has/have received the notice of termination. Parent(s) is/are responsible for any unpaid child care fees that have accrued up to the termination date.

3. AKD may terminate this agreement at any time for cause by issuing a written termination notice. The termination date shall be 24 hours after the Parent(s) has/have received the termination notice under the following circumstances:

 a. Failure to pay child care fees despite warning.

b. Failure of Child or Parent(s) to refrain from violent behavior despite warning.

c. Failure of Child to refrain from destroying personal or AKD property despite warning.

d. Continued failure of Parent(s) to drop off and pick up Child at scheduled hours despite warning.

e. Failure of Parent(s) to repair/replace damaged properties per this agreement.

f. Failure of Parent(s) to refrain from bringing an ill Child to the Child Care

Facility despite warning.

g. Failure of Parent(s) after notification to pick up an ill Child from Child Care Facility despite warning.

h. Parent(s) using or threatening to use corporal punishment on any Child, including his or her own, while on Child Care Facility property or a Facility sponsored field trip.

Parent(s) is/are responsible for any unpaid child care fees that have been accrued up to the termination date.

**C. TERMINATION PROCEDURE BY PARENT**  Initials:\_\_\_\_\_\_\_\_\_\_

1. Parent(s) may terminate this agreement at any time by issuing a written termination notice. Parents are responsible for any unpaid child care fees that have accrued up to the termination date.

**D. ATTENDANCE OF CHILD** Initials:\_\_\_\_\_\_\_\_\_\_

1. The schedule of hours for child care is as follows: Monday – Friday 5:00am-7:00pm.

2. Unless prior arrangements are made, Child shall be dropped off and picked up at the above listed times each day. Parent(s) understand that if Child is not picked up at said time, Parent(s) will immediately tender payment to the teacher left waiting with the Child at the rate of $1.00 per minute past 7:00pm.

3. Schedules for your child are due by Thursday 12pm for the upcoming week. Please message the Brightwheel parent app with your child’s schedule.

**E. ILLNESS PROCEDURE**  Initials:\_\_\_\_\_\_\_\_\_\_

1. If Child is ill, Child shall not be allowed to attend the Facility and AKD staff shall be notified immediately of Child’s illness.

2. If Child becomes ill after his/her arrival at the Child Care Facility, Parent(s)

agree(s) upon notification to immediately pick up Child.

3. A Child may return to the Child Care Facility following illness as outlined in the AKD Policy Statement, and at the discretion of the AKD director on duty.

4. Parent(s) shall notify AKD staff of the diagnosis and prognosis of any illness suffered by Child.

5. For the sake of the Child and other children at the Facility, all immunizations proper to the Child’s age must be given and kept on file.

**F. HOLIDAY/VACATION PERIOD** Initials:\_\_\_\_\_\_\_\_\_\_

1. AKD will not provide child care services on the following holidays: New Year’s Day, Fourth of July, Thanksgiving and the day following, Christmas Eve (open until 12pm), Christmas Day and the day following, Memorial Day. If there ends up being other closures there will be 4 weeks notice.

2. Parents shall be responsible for arranging alternate child care during the holiday periods defined herein. We may be able to make arrangements for child care if an employee is available, but is not guaranteed.

**G. LIABILITY/HOLD HARMLESS** Initials:\_\_\_\_\_\_\_\_\_\_

1. Parent(s) agree(s) to be responsible for any damages to the AKD’s real property or to the personal property of another child at the Facility caused by his/her Child. Parent agrees to repair or replace said property promptly.

2. I understand certain “activities” that my Child may participate in, including daycare, preschool, outside and inside play time, etc., involve risk and possible injury, including but not limited to:

• Exposure to illnesses, viruses, and other medical conditions passed from

person to person;

• Sprains, strains, broken bones;

• Fatigue, dehydration, nicks, cuts, bumps, bruises.

I further understand that not each and every potential risk can be listed above but, nonetheless agree to voluntarily release, forever discharge, and agree to hold harmless and indemnify The Playroom Learning Center, LLC (DBA Adventure Kids Daycare) and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my Child’s participation in activities at Adventure Kids Daycare.

I understand that if my Child has a pre-existing medical condition or allergy that is not disclosed to Adventure Kids Daycare and there is a medical emergency that arises from the non-disclosure I agree to voluntarily release, forever discharge, and agree to hold harmless and indemnify Adventure Kids Daycare and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my Child’s participation in activities at Adventure Kids Daycare.

**H. PHOTOGRAPHY/VIDEO RELEASE** Initials:\_\_\_\_\_\_\_\_\_\_

Initial one:

1. \_\_\_\_\_ I hereby give permission to Adventure Kids Daycare permission to publish photos and videos of my Child on the www.adventurekdc.com website and on our Facebook page at https://www.facebook.com/amber.merritt.378. I understand that photos and videos of my child may appear throughout the website, including the front page, sub-pages. I understand that photos/videos of my child may remain on the website even if my child no longer attends Adventure Kids as a student.

\_\_\_\_\_ I do not give permission to Adventure Kids to publish photos and videos of my Child. I understand that if my child is in a picture or a video that AKD posted, their faces will be blurred.

**I. LICENSING INSPECTIONS** Initials:\_\_\_\_\_\_\_\_\_\_

1. Licensed child care centers in Wyoming are inspected regularly by the Department of Family Services. This department of the state has the authority to: enter and inspect our facility anytime during hours when children are in care, talk privately to children and/or staff, and to inspect, audit and/or copy child or child care center records.

**J. MISCELLANEOUS PROVISIONS** Initials:\_\_\_\_\_\_\_\_\_\_

1. Meals: Breakfast, Morning Snack, Lunch and Afternoon Snacks are provided when a Child is present at the Facility. Parents are responsible for sending lunch with Child if they have any allergies and/or food sensitivities.

**Meals times are as followed:**

Breakfast 8:30

Lunch 11:30

PM snack 2:30

2. Diapers/Clothing: Diapers and wipes are not included in tuition. One complete clean change of clothing must be brought in with the Child each day, or one complete clean change of clothing must be left at the Facility for each Child.

3. Medications: We do not administer medications at Adventure Kids.

4. Other: Parent has read and agrees to the Rules and Responsibilities outlined in the Policy Statement.

**K. WAIVER OF BREACH** \_ Initials:\_\_\_\_\_\_\_\_\_\_

Any waiver granted by the AKD of any of the terms of this agreement shall not constitute a continuing waiver for that or any other term of this agreement.

**L. MODIFICATION** \_ Initials:\_\_\_\_\_\_\_\_\_\_

Any modification of this agreement shall be in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Parent Name Printed

**Child Record**

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop off time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 It varies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Parents must notify the center in the event of arrival and/or pick-time changes.**

My family receives subsidized child care \_\_\_Yes\_\_\_ No (fees will change based on assistance

amount)

Mother's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS ARE RESPONSIBLE FOR ALL EMERGENCY MEDICAL TREATMENTS**

**In case of emergency:**

#1 contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than the above parent/guardians, only the following person(s) may remove your child from care without previous notice. PHOTO ID WILL BE REQUIRED.

Name: Relationship: Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a sudden illness or other serious medical emergency should occur and I cannot be reached, my signature below authorizes the person in charge to call my child's physician or dentist, take my child to the nearest emergency medical facility or call 911 for an ambulance to transport my child.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Guardian Date:**

**Health Information**

List any frequent illnesses and/or hospitalizations: (ear infections, strep throat, seizures, etc.

List any known allergies:

Is there any pertinent social information that we should know about?

Is there anyone who CANNOT pick up the child/children from Adventure Kids? (if possible please provide any court documents backing this up.)