***EarlyBird ChildCare & Learning LLC***

 ***3122 E US Highway 54***

***Andover, KS 67002***

***ebchildcareks@yahoo.com***

**The following Agreement "Contract" is made between Provider/Preschool and Parent:**

1.) Mother’s Name/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer’s Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**And**

2.) Father’s Name/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employer’s Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**And**

3.) Daycare & Provider: EarlyBird ChildCare & Learning, LLC\_\_\_\_\_\_\_\_\_\_\_\_\_Cristi Lopez\_\_\_\_\_

Phone Number and Address: (316)210-8599\_\_\_\_\_\_3122 E US Highway 54, Andover KS 67002

Kansas State ChildCare License #: 0068852\_& 500279\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the Care of:**

4.) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Rate and Payment Policies:**

The payment for childcare services shall be $175.00 per week for Full Time Care, a Part Time Rate/Position may be available depending on preschool openings, however this may not exceed 4 hours per day or five days per week. ***Part Time Rate $115.00 weekly, Daily rate varies depending on pt or ft schedule and days. At this time we do not accept infants. The costs for infants is $195 per week and infants are considered ages 18 months and younger.***

Child care shall be provided from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m. to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ p.m. on the below days

(circle all days that apply)

**Monday Tuesday Wednesday Thursday Friday**

Additional Fees: If childcare payment is not received at the end of Friday of the week prior of care, I understand there will be a late fee of $5.00 per day that payment is late.

I also understand that a full two weeks notice of termination of child care must be given or I will be responsible to pay the tuition in full for the two weeks at the agreed upon rate (FT $175 per week x 2= $350.00). I understand I will be responsible for any court costs associated with the provider collecting payment.

**Payment Shall be due on:** Payment is due no later than the end of day on Friday, prior to the Monday of the new preschool week.

**Overtime Rates:**

1. For the purpose of this agreement, overtime will be considered as a drop off before **7:25 a.m.** and a pick-up after **5:30 p.m. or outside contracted time.**

2. If the parent/guardian makes prior arrangements with the provider, the child may stay overtime at the following rate $10.00 per hour or portion thereof will be charged per incident.

3. If the parent/guardian has not informed the provider that he or she will be arriving early or picking up late than the agreed upon times or hours of operation, the following rate of $1.00 per minute or portion thereof will be charged per incident.

**Hours of Operation:** Operating Business Hours consists of Monday thru Friday 7:00am to 5:30pm

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

1. The following are paid Holidays when they fall on a day regularly scheduled for care:

**New Year’s Eve & Day Thanksgiving & Day after Thanksgiving**

**Memorial Day Fourth of July**

**Labor Day 3 Sick days (annually)**

**Snow Days (if applicable)- This is based on serious conditions and city wide closings.**

**Christmas Week-unless stated by provider (Christmas Eve, Christmas, Day after Christmas)**

**1 week of Vacation Monday thru Friday (This will normally be used during winter months)**

2. Charges for child’s absence: I understand that I am responsible for paying the preschool tuition regardless of child’s absence or vacation period. The tuition will be paid in full and is due before or on the due date, as same as if the child were present for care.

3. I understand that if I am responsible for finding temporary care for my child during the provider’s vacation week or illness day(s) and that tuition is to be paid in full for these days.

**Other Charges:**

1. A Enrollment Fee (deposit) of $100.00 or $75.00 each for siblings is required and to be paid prior to child starting care. This is a holding fee which will be used to reserve the child’s position and is non-refundable. This deposit will not be applied towards tuition or first week payment.

2. Charges related to provider’s illness or other emergency that prohibits care will be: Regular Tuition is to be paid for childcare services as a licensed substitute will be provided if provider will be closed longer than two days of consecutive care.

**Termination Procedure:**

This contract may be terminated by either the provider or parent/guardian by giving a full (2) weeks written notice in advance of the ending date. Payment by parent/guardian is due for the notice period whether or not the child is brought to the provider for care. The provider may terminate the contract without giving any notice if the parent/guardian does not make payments when payment is due or if there is a safety issue with the child.

**Signatures:**

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

**Provider’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Signer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial terms.**