



abc\_discovery @comcast.net  
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A C ARING, NURTURING, ENVIRONMENT FOCUSING ON  
BASIC BUILDING BLOCKS TO HIGHER EDUC ATION.



# CONTRACT

Children of new clients will be placed in my care on a two-week trial basis. This allows all parties to get acquainted and should difficulties arise, each party has the opportunity to terminate care in the early stages and seek alternative arrangements.

This contract is entered into by and between:

Provider's Name	Kim Herdrich	Parent's Name	
For the provision of childcare for			
Childcare will begin on:			

## Registration

A non-refundable registration fee of **\$ 30.00** is due upon receiving the contract.

A non-refundable annual supply fee of **\$ 85.00** per child is due with first week's payment (12 months and up).

A deposit of **\$ 60.00** secures your child's space and is credited toward your child's last week of payment. (If child does not attend after having held a space, deposit will be forfeited.)

The following forms must be completed and returned prior to your child's first day:

- Application
- Emergency Form/ Emergency Cards
- Copy of Birth Certificate
- Medical Authorization Form
- Signed Contract
- Initialed Discipline Statement
- Field Trip Permission Form
- Physical Form/ Immunization Record

The information on these forms must be kept current. If there is any change, the parents do hereby agree that they shall notify the provider immediately. The Health Status Form must be updated and signed by your child's physician on a yearly basis.

## Hours

Opening time is **7:00** A.M. and pickup time is no later than **5:45** P.M.

Unless prior arrangements have been made, **no child should be in my care more than 10 hours per day.** An additional "overtime" payment will be charged for days longer than 10 hours. Please see the Overtime/Late Pick-up section for more details.

Care will typically begin and end as follows:

	MON	TUES	WED	THUR	FRI
Begin					
End					

## Open Door Policy

At anytime please feel free to stop by and see your child on lunch hour etc. You are welcome to stop by anytime your child is at the daycare. We ask that you do not come during the hours of 1:15 - 4:00 PM as this is nap time. We like to minimize their sleep disruptions.



Parent Initials

## Meals

Meals will be served at the following times:

Meal	School Year Serving Time	Summer Serving Time
A.M. Snack	8:00 A.M.	8:15 A.M.
Lunch	11:45 P.M.	12:00 P.M.
P.M. Snack	4:05 P.M.	4:05 P.M.

No candy, sweets, fast food or sippy cups shall be brought into the daycare as required by state law. If your child comes after the scheduled times for lunch or snacks, they will not be permitted to be served which is enforced by state law.

## Payment Policy/Referral Fee

The charge for your child(ren) is \$\_\_\_\_\_ per week.

It is agreed that payment shall be paid in full on **Friday Morning** prior to the week of care given, with no deduction for absence. Payments not made by **Monday Morning** 8:00 A.M., will incur a **\$10.00** late fee per each day payment is late. Failure to have payments current by Tuesday Morning will require payment to be brought up to date before your child may continue attendance.

**ACH/Direct Deposit: All tuition payments will be made by direct deposit, unless specified otherwise.**

Parent Initials

If a check is returned from the bank, the parent will be charged an additional service fee of **\$30.00**. After two returned checks, no personal checks will be accepted. Cash, certified check or money order will be the only forms of payment allowed.

**REFERRAL FEE:** You will receive a 15 percent discount per 2 weeks of care for 1 family referred and enrolled. If you refer more than one family who enrolls, you will receive a 20 percent discount for 2 weeks.

## Overtime/Late Pick-Up

**Overtime:** Definition-When child is in my care over 10 hours during the day. Overtime is offered only on a prearranged basis or in emergency situations. The charge will be **\$10.00** per hour.

**Late Pick up:** Definition-When child is picked up after 5:45 P.M. Parents understand and agree to pay a late pick-up fee of **\$ 4.00** per child for each 5 minute period after 5:45 P.M.

Parent Initials

## Rate Increase

Rate increase will be made not more than once per calendar year. There will be annual rate review to address cost of living and operating cost changes.

## Vacation/Holiday Time

### Holidays

The provider will take three to four weeks unpaid vacation each year. The parents will be notified 30-60 days prior to the vacation, and the parent is responsible for securing alternative care. (If needed, the provider will assist in this.)

We observe the following holidays:

- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Day after Christmas
- New Year's Eve
- New Year's Day
- Day after New Year's
- Memorial Day
- 4th of July

If the holiday falls on a Saturday, we will be closed on the Friday prior to that holiday. If the holiday lands on a Sunday, we will be closed on the Monday following that day. The following are paid holidays: Labor Day, Thanksgiving/Day After, Christmas Eve/Day, New Years Eve/Day, Memorial Day and 4th of July. If I choose to take the day after or before, you are not financially liable for those days.

### Vacation Time

You will receive one week of vacation time for which the child is not in attendance. Your free week cannot be broken into days. Two additional weeks of vacation can be taken at one half of the regular charge. **Two weeks notice must be given prior to this time to avoid a charge for regular attendance.**

Additional time will require continued payment to hold the child's position. Your free week and/or discounted weeks cannot be used toward your three-week final notice.

Parent Initials

## Illness

Your child will be sent home for a fever of at least 100.5 degrees, throwing up and/or diarrhea. Your child may not return for a 24 hour period until symptoms have ceased. This does not include teething infants, ear infections and colds. If your child has been ill at home, you **MUST** notify us, so we can prevent further illnesses in the daycare.

We will notify you of illnesses that occur in our daycare.

**Sick child policy:** If in the event the child is sick for an extended period of one week, the fee will be reduced to 50 % until the child is well. The fee will be administered within the normal pay period.

Parents must keep emergency contact information up to date at all times.

### Provider Illness

ABC Discovery will do their best to remain open if an employee or the provider is sick, closing will be our last resort. We will take extra precautions to help keep the children from getting sick.



## Emergency Plan

If there is an emergency with the provider or employees, the other employees will stay with the children and you will be called or emailed. Mrs. Borghese, my neighbor, may also be called to come over and help with the children until you are able to pick them up.

**Fire/Weather Emergency**—Review the Fire/Weather Evacuation Map Plan which is hung on the bulletin board by the front door.

Parent Initials

Parents may terminate this contract by providing ABC Discovery three weeks advanced written notice. Parents not providing the minimum of three weeks notification shall be liable for all fees for the three-week period, including, but not limited to: any additional fees such as legal assistance, correspondence and unforeseen expenses connected to the enforcement of this contract.

If you wish to change the terms of the contract, you must schedule a time.

Parent Initials

## Termination

The provider reserves the right to terminate this contract at anytime for sufficient reason including, but not limited to: late payment, consistent misbehavior of the child, unforeseen problems that may occur with the parents or the child. Replacing a child that has a part time schedule with a child that has a full time schedule is always at the discretion of ABC Discovery. You will have a 3 week notice to find other care or will be liable for the 3 weeks of pay if ABC Discovery terminates the contract.

## First Aid

All ABC Discovery providers will always be up to date on First Aid, CPR, TB test and drug testing. We also have training in a SIDS Course.

## Medication authorization form

Parent/Guardian, \_\_\_\_\_, below is a medication authorization form, please review it, sign and date.

Name of child \_\_\_\_\_ date \_\_\_\_\_

I authorize the ABC Discovery staff to administer the non-prescription medication listed below to my child. I understand that I will be notified by phone or email prior to any medication given to my child. By signing this form I approve the listed medication to be administered. We will not contain fevers by giving Tylenol/Motrin every 4 hours. Nonprescription fever reducing medication will be given no more than twice a day during daycare hours. If your child is taking any prescription medication, by signing this form you authorize us to administer it. However, the medication must be brought in its original container, labeled with the child's name, dosage, and information regarding when to administer.

Please initial by the ones that you approve:

Infant/Children's Tylenol		Sunscreen		Tylenol Cold/Cough		Powder/ rash cream	
Benadryl		Orajel		Infant/Children's Motrin		Neosporin/ wound cleaner	
Additional not listed							

Sign \_\_\_\_\_ Date \_\_\_\_\_

Thanks ABC Discovery staff



## Consent for Medical Treatment of a Minor

\_\_\_\_\_  
Child's Name Date of Birth

\_\_\_\_\_  
Home Address Home Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Parental Contact Phone Number

### Caregiver Information

\_\_\_\_\_  
Caregiver's Name Phone Number

The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.), for the above named child, which may be required during my absence. If circumstances permit, I would like to have our doctor consult in connection with such treatment.

Please attempt to contact me at the following telephone number: \_\_\_\_\_

This consent serves as permission for treatment by \_\_\_\_\_ (Hospital Name). Note: Consents are not required in emergency situations. I agree to pay for all services provided to my child in my absence. This authorization shall be effective until: (select one)

a) \_\_\_\_\_ (Month, Day Year)

b) unless earlier revoked by me.

### Signatures

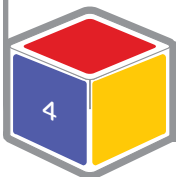
\_\_\_\_\_  
Parent/Guardian (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Date



Parent Initials

\_\_\_\_\_

# DISCIPLINE STATEMENT

Dear Parent:

I work with parents/guardians of children in my daycare to determine the cause of misbehavior and deal with behavior positively.

I use strategies that allow the child to take responsibility for his/her actions. In addition, I focus on teaching children appropriate behavior. I will use time out and we will talk about why we don't do the action performed and how we can do it differently. I focus on teaching children how to interact socially and continually reinforce the limits in my daycare. ABC Discovery has implemented a reward system for good behavior. If your child has excellent behavior they are rewarded at the end of the day with a sticker, treat or prize. The children are grouped according to ability level not age. For example, one child may get a treat and a sticker every day that child behaves appropriately. Another child may only get a sticker for several days and then receive a treat and/or a prize for good behavior.

I expect children in my care to respect others, respect the environment and respect themselves.

Hitting, kicking, spitting, hostile verbal behavior and other behaviors, which will hurt another child, are not permitted.

Each child will be dealt with individually. Consequences will occur immediately after the behavior. I ask that you discuss the behavior with them and discuss how he/she can do it differently to reinforce my discussion with the child. Please trust that I will handle the matter at my daycare.

If your child continually misbehaves, I will call you and discuss the difficulty by phone or make an appointment to discuss the difficulty with you.

I will keep you posted on all happenings that we are involved in at my home. If I am experiencing behavior difficulties with your child, I will let you know as soon as possible. I hope that together we can create a behavior management strategy, which will control the behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, I will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other child care arrangements. I will assist you to the best of my ability to help you find other arrangements.

Thank you in advance for your assistance.

Parent Initials

Kim Herdrich, Child Care Provider  
ABC Discovery



# AGREEMENT

This writing represents the entire agreement between the parties and supersedes any other prior agreements between the parties. Only those terms found within the four corners of this document will be considered as part of the agreement between the parties. No oral agreements have been contemplated, and the parties agree that, in order to be valid and enforceable, any amendments to this contract must be in writing.

If any portion of this agreement is held invalid or unenforceable, all remaining terms will still be enforceable. The parties agree to abide by, and be bound by the provisions of the agreement, notwithstanding a determination that one or more provisions of same be held invalid.

Mother (or guardian)		Father (or guardian)	
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text" value="/ /"/>
Signature	Date	Signature	Date
<input type="text"/>		<input type="text"/>	
Printed name		Printed name	

Child Care Provider	
<input type="text"/>	<input type="text" value="/ /"/>
Signature	Date
<input type="text"/>	
Printed name	



Parent Initials
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