

Discovery Preschool Centers- Parent Contract

PLEASE PRINT CLEARLY

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Home Address: _____

Mailing Address: _____

Mother's Name: _____ Cell Phone# _____

Address: _____

Employer/ Occupation _____ Work #: _____

Father's Name: _____ Cell Phone# _____

Address: _____

Employer/ Occupation _____ Work #: _____

Emergency Contact Person(s)/relationship/ Contact Number(s): _____

Pediatrician Name/ Number: _____

Person(s) authorized to pick up your child & Relationship to child:

Person(s) not authorized to pick up your child if any: _____

_____ (Please note that a Parent cannot be denied the right to pick up their child unless a court order is on file.)

Child care terms (Please read our parent handbook for policies and fees. Additional policies are available on our website, www.discoverypreschoolandchildcare.com)

Days (Circle) M T W Th F

Hours of care - _____

Date Service to begin- _____

Type of Payment:

_____ Cash or Check _____ State Paid+ Co-Pay+ difference _____

Other: _____

* Payment: Cash/Check payments are due by the 5th of each month State assistance co-payments are due by the first of the month and the difference in your account is due by the 5th of the month.

PLEASE COMPLETE AND SIGN REVERSE SIDE

Parent Agreement:

- To be available during the day if emergency contact is required.
- To notify Center by 9 am if my child will not be there that day.
- To sign in and out each day as required by State Licensing.
- To maintain current immunization and daycare records.
- To complete all necessary paperwork for enrollment.
- To provide all items my child may need, medications, special foods, clothing changes, etc.
- To notify the Center and keep my child out of daycare when ill. To pick my child up as soon as possible if I am notified that he/she is ill.
- To give at least 4 week written and paid notice of termination of this contract.

Provider Agreement:

- To give advanced notice of any changes in this agreement.
- To provide a safe, clean, hazard free environment, as approved by the state.
- To notify parent or emergency contact if your child becomes ill while at the Center. - To release your child only to authorized persons.
- To complete any necessary paperwork required for your child.
- To staff experienced, trained, professional care givers.

This contract may be modified at any time with 30 days notice from either party. Cost incurred by Discovery Preschool in enforcing this contract, including collection service and/or attorney fees, will be sought through the court and paid by the parent(s) as a party to this contract. I have read the Parent Handbook and this contract, and understand policies, fees and procedures. I understand that if my account reaches over \$300.00 it will result in immediate suspension in services and the 4 week paid notice amount will then be added to my past due balance.

Please Initial that you have read and understand our handbook and policies

- _____ I have read and understand the Sick Policy at Discovery Preschool
- _____ I understand school closure are paid holidays and I are calculated into my tuition costs.
- _____ I have read and understand the late pick up policy.
- _____ I understand the payment policy of Discovery.

Signature of Parent(s)/ Guardian

_____ Date _____

_____ Date _____

Provider Signature _____ Date _____

Location- _____