

Discovery Preschool Centers- Parent Contract

PLEASE PRINT CLEARLY

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Home Address: _____

Mailing Address: _____

Home Phone _____

Mother's Name: _____

Date of Birth _____ SS# _____

Employer/ Occupation _____

Address: _____

Work #: _____ Cell Phone# _____

Father's Name: _____

Date of Birth _____ SS# _____

Employer/ Occupation _____

Address: _____

Work #: _____ Cell Phone# _____

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

Pediatrician Name & Number: _____

Person(s) authorized to pick up your child: _____

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

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

PLEASE COMPLETE AND SIGN REVERSE SIDE

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- _____

Rates: Please see rate sheet for specific Center rates

Type of Payment:

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

Payment: Cash/Check payments are due by the 5th of each month (Brooks Street Location) or scheduled payment plan (South Ave. Location), after which a \$10 per day fee is applied. 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.

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.

Signature of Parent(s)/ Guardian

_____ Date _____

_____ Date _____

Signature of Provider _____ Date _____