



## Child Care Policy Agreement

2009

*Family refers to the child and parents/guardians responsible for placement and payment of tuition. Provider or facility refers to Julie Bingham and the Sunshine Christian Daycare.*

### **Agreement:**

This constitutes a binding agreement between

\_\_\_\_\_ the parent/guardian for care of child  
\_\_\_\_\_ at the Sunshine Christian Daycare, in  
Rancho Cordova, CA

Care scheduled between the hours of \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(not to exceed 9 1/2 hours)

Circle the appropriate Days of the week: **M T W Th F S**

Flexible days/ Overtime Hours needed:

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*Shot records must be presented and up to date in order for any child to be enrolled. Please provide shot records for verification before enrollment.*

\_\_\_\_\_ (Initials) All paperwork must be filled out completely, signed and dated. Acknowledgement of receipt of disclosures, handbook and State required paperwork. Registration Fee is due Prior to the first day of care.

### **Trial Period:**

The placement of your child must be beneficial both for your child and for the others at the facility. This contract may be terminated by either the family or the daycare provider at anytime during the first two (2) weeks, without penalty or prior notification. Your child's fees will be refunded or pro-rated daily if terminated mid-week. (i.e. \$28 a day for a 4 year old)  
Trial period can be extended to 4 weeks with written agreement of provider and family.



**RATES:** The following rates are effective 2008.

**FULL DAY RATES – NINE & a half (9.5) HOUR DAYS.**

**SIBLING FULL TIME RATES:**

**Child over two and infant sibling:**

**weekly rate for both: \$240 a week**

*paid in advance. Parents to provide diapers, wipes and milk/formula for infant.*

**Ages 24 months - 6 yr. old**

**\$120 per week** - 5 Full days (9 1/2 hours daily total)

**Daily rates are \$24 full day.** Tuition is paid to cover the child's place in care, regardless whether the child attends. The family is still responsible to pay for care when on family vacation. The family is still responsible to pay for days the child is out sick. *If tuition is subsidized it will be the parents responsibility to pay for those days missed by child upon immediate return to care.*

**Overnight Care:** available as needed basis for children under contract. Additional \$47 a night is required (prepaid) for care between 6:30 pm and 6:30 a.m. (Includes dinner, evening snacks and supervised sleep.)

**Ages 18 - 24 months**

**\$135 per week** - 5 Full days (9 1/2 hours daily total)

*Over time rates: over 9.5 hours \$7 per hour with contract agreement.*

*Saturday rates \$65 a day. Per Contract Agreement.*

**Daily Infant \$35 a full day.** Tuition is paid to cover the child's place in care, regardless whether the child attends. The family is still responsible to pay for care when on family vacation. The family is still responsible to pay for days the child is out sick. NO OVERNIGHT CARE AVAILABLE AT THIS TIME.

**PART DAY RATES – 5 HOUR DAYS**

**2 – 6 yr olds (part time infant care under 24 months not available at this time)**

*Tuition is paid to cover the child's place in care, regardless whether the child attends.*

*The family is still responsible to pay for care when on family vacation.*

*The family is still responsible to pay for days the child is out sick.*

**\$25 a day for part time 1/2 day care.**

*\*morning only include breakfast & snack and preschool time: Hours 7:30 a.m. – 12:30 a.m.*

Enrollment for [redacted]

It is requires tuition, in the amount of [redacted] per week, be paid IN ADVANCE on a regular basis. Subsidized Care is available only for full time children- all subsidized enrollment paperwork must be completed by parent prior to child's first day of care. All Checks are payable to Julie Bingham. Paypal is also available.

**LATE PAYMENTS:** Late payments cannot be tolerated.



**Payments are due and payable each Friday. They are considered late when paid AFTER Monday drop-off.** (For example, you may bring your child and the payment Monday morning at drop off. However, if you forget Monday morning and bring it Monday at pick up you will need to include the late fee.)

**LATE FEE:** Late Payments made by Tuesday (or the second weekday of care) MUST include late fee of \$25.

**NO PAYMENT/NO CARE POLICY:** A payment not received by Wednesday (or the third weekday of care) the child will not be accepted into care.

**BOUNCED CHECK:** A bounced check fee of \$60 applies to any bounced check. After one bounced check, a family will be required to pay by cash or cashier's check for a period of 6 months.

**Excessive Late Payments:** Late payments in excess of three late payments in a period of 3 months will constitute grounds for termination from daycare.

I acknowledge reading payment of tuition and late payment policies.

### ***Provider Vacation:***

#### **UNPAID Vacation.**

Sunshine Preschool will be closed the for *two weeks during the holiday season*. This time off allows provider to recover from the holidays, organize lessons and be refreshed and rejuvenated for the coming year. Advanced notice will be provided.

**1 WEEK SUMMER CLOSURE:** An additional **5 day UNPAID vacation period** will occur in the summer months. (with 30 days or greater written notice)

**PAID Holidays that we are closed:** New Year's Day, Birthday of Martin Luther King, Jr., Washington's Birthday, Memorial Day Independence Day, Labor Day, ~~Columbus Day, Veterans Day,~~ Thanksgiving Day & *the Day After Thanksgiving, Christmas Eve & Christmas Day*

#### **5 days PAID Vacation/Personal/Sick Days**

Provider has 5 Vacation, Personal, Sick days throughout the year. These will be taken at my discretion with as much advanced notice as possible for the parents. These are PAID days. They may not be used, and do not roll into the next year.

### ***Family Vacation:***

#### **Paid Vacation/Sick days:**

Tuition is paid to cover the child's place in care, regardless whether the child attends. The family is still responsible to pay for care when on family vacation.

The family is still responsible to pay for days the child is out sick.

*Payment can be made upon the same day the child returns to care (the late payment will be waived.) If the payment is not made upon the same day of return, the same late policies will apply.*



**WITHDRAWAL/Termination:**

Parent is responsible for unpaid fees up to the termination date. Provider may also terminate this agreement at anytime with cause by issuing *a written 24 hour termination notice under the following circumstances:*

- ✓ Failure to pay fees, tuitions despite warnings.
- ✓ Failure to pick up child on time.
- ✓ When the child/parent who continually acts in a violent, disrespectful or disruptive behavior.
- ✓ A child’s family situation that causes concern for the safety and well being of all those in care.
- ✓ When the child destroys personal property despite warnings.
- ✓ Failure of parent to refrain from brining an ill child to this facility despite warnings.

The Family is required to provide a two week notice to discontinue care. This notice will be written and dated. All accrued fees are the responsibility of the family to the termination date. Provider must also provide two weeks notice to family for discontinued care.

**AUTHORIZATION TO TAKE PHOTOS:**

           I authorize Sunshine Christian Daycare to take and post photos of my child in the facility, [on the web and/or for advertisements](#) as children love to see themselves.

**ACKNOWLEDGEMENT THAT YOU READ THE CHILD CARE POLICY AGREEMENT AND YOU AGREE TO THE ADHERENCE OF THESE POLICIES.**

**ACKNOWLEDGEMENT THAT YOUR RECEIVED A COPY OF THE SUNSHINE CHRISTIAN DAYCARE HANDBOOK and AGREEMENT TO ADHERE TO THE POLICIES CONTAINED IN IT.**

Parent/guardian

Parent/guardian



Child's Name: \_\_\_\_\_

**ABOUT YOUR CHILD:**

**CHILD'S SCHEDULE AND INTERESTS:**

The following information on you child's routine and activities will help me, your provider, give Your child the best possible care. If a question does not apply, please write N/A (not applicable).

**EATING**

Schedule \_\_\_\_\_

Food likes and dislikes \_\_\_\_\_

Food allergies \_\_\_\_\_

**SLEEPING**

Napping schedule \_\_\_\_\_

Please describe your child's fussy time, if any \_\_\_\_\_

\_\_\_\_\_

**TOILETING**

Is your child toilet trained? \_\_\_\_ YES / \_\_\_\_ NO / \_\_\_\_ IN PROCESS

Schedule \_\_\_\_\_

**ALLERGIES**

Does your child have any allergies (food, medication, insects, etc. \_\_\_\_\_

\_\_\_\_\_

**PLAY** Favorite Activities

Indoors \_\_\_\_\_

Outdoors \_\_\_\_\_

\_\_\_\_\_

**FEARS** Please describe any fears your child may have

\_\_\_\_\_

**DISCIPLINE** Please describe the steps you take in disciplining your child at home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION** Please describe any information and/or special medical, physical, or emotional needs your child may have as to help the provider in caring for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_