

***MISS K'S LITTLE BLESSINGS***

***DAY CARE CONTRACT***

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|  | **This Day Care Contract is made effective as of**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_by and between the following parties**: |

**Provider:**

Miss K's Little Blessings

Anson, Texas 79501

325-513-0979

      AND

**Parents(s) or Legal Guardian(s):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To provide child care for:**

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

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The undersigned Parent(s) hereby gives Miss K's Little Blessings permission to care for the above**

**child(ren) in accordance with this Contract. In consideration of the mutual agreements and covenants contained in this Contract, the parties agree to the following:**

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|  | **1. CONTRACTED HOURS.** The Provider shall provide child care services and the Parent(s) shall pay for such services as follows: |

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|  | **Monday: 7AM through 6PM**  **Tuesday: 7AM through 6PM**  **Wednesday: 7AM through 6PM**  **Thursday: 7AM through 6PM**  **Friday: 7AM though 6PM**  **Saturday: UPON REQUEST** |

This schedule shall be in effect unless terminated sooner by one of the parties in accordance with this Contract.

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|  | The Parent(s) shall pay child care fees based on the above schedule at the rates specified below. |

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|  | **2. FEES FOR FULL-TIME CHILD CARE.** Child care fees for "Full-Time" prescheduled child care are $500.00 per month. Full-Time child care is defined to be 40 or more hours per week. Child care fees are due and payable regardless of the child(ren)'s attendance. |

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|  | **3. FEES FOR PART-TIME CHILD CARE.** Child care fees for "Part-Time" prescheduled child care are $75.00 per week. Part-Time child care is defined to be less than 40 hours per week. |

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|  | **4. FEES FOR UNSCHEDULED CHILD CARE.** Child care fees for any unscheduled hours are $75.00 per week, or if less than 1 week, $25.00 per day, or if less than 1 day, $5.00 per hour. |

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|  | **5. TIMING AND METHOD OF PAYMENT.** The Parent(s) shall pay child care fees on or before the 1ST day of each month. Payments may be made by cash, check, money order, Venmo, Cashapp, or Paypal. In addition, if fees are not paid in full and on time, the Parent(s) agrees to pay a $0.00 per day late fee.    If fees are not paid within 10 days, the child(ren) will not be allowed to attend the facility until payment is received in full. |

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|  | The Parent(s) agrees to pay a $10.00 fee for all checks returned unpaid. If a check is returned unpaid, all future payments by the Parent(s) shall be made in cash. |

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|  | If any payment obligation under this Contract is not paid when due, the Parent(s) agrees to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process. |

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|  | **6. REGISTRATION FEE.** The Parent(s) shall pay $20.00 per child as an initial registration fee when this Contract is signed. The registration fee is nonrefundable and is not applied to any child care fees. |

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|  | **7. OVERTIME FEES.** The Parent(s) agrees to pay overtime fees of $10.00 per hour if the child(ren) is not picked up by the scheduled time as noted above. This overtime fee shall be paid with the next scheduled payment. |
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|  | **8. TRIAL PERIOD AND TERMINATION OF CHILD CARE.** The first two weeks of enrollment in Miss K's Little Blessings is considered a "trial period." Child care may be terminated by either the Provider or the Parent(s) during this trial period without advance notice. After the trial period has passed, child care may be terminated by the Provider or the Parent(s) only by providing the other party with two weeks advance written notice. If the Parent(s) fails to provide two weeks advance written notice, the Parent(s) agrees to pay the regular scheduled fees for the two weeks or portion of such two weeksimmediately after such notice during which the Provider had no notice of such termination.  **Miss K's Little Blessings retains the right to terminate this Contract without notice for the following reasons:** |

- The child(ren)'s behavior is destructive, uncontrollable, violent, or threatening to the other children or providers at the care facility. This determination is made in the sole discretion of the Provider.

              - A Parent's behavior is threatening or abusive to the other children or providers at the care facility.

- Child care fees are 10 days or more delinquent.

- The child(ren) is absent for 3 days or more without reasonable explanation or payment from the Parent(s).

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|  | All terminations of this type can be made effective immediately. |

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|  | **9. AUTHORITY TO PICK UP CHILD.** The following person(s) has authority to pick up the child(ren): |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | The Parent(s) shall inform Miss K's Little Blessings in advance if someone other than the Parent(s) or person(s) listed above will pick up the child(ren). |

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|  | The following person(s) does not have authority to pick up the child(ren): |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **10. EMERGENCY CONTACTS.** In case of an emergency, Miss K's Little Blessings will first try to reach the Parent(s). If the Parent(s) cannot be reached, Miss K's Little Blessings will then contact the following person(s) in the order listed below: |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **11. MEDICAL TREATMENT.** If the child(ren) becomes ill, Miss K's Little Blessings will first try to reach the Parent(s). If the Parent(s) cannot be reached, Miss K's Little Blessings may contact the child(ren)'s physician: |

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | Miss K's Little Blessings is authorized to provide the physician or a representative of the physician with the following medical information: |

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | In case of a medical emergency, Miss K's Little Blessings shall obtain the necessary emergency medical care for the child(ren), including but not limited to transportation to an emergency room. The Parent(s) agrees to pay all costs and expenses incurred in connection with any medical care provided to the child(ren), including the cost of transportation. |

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|  | **12. SICK CHILD POLICY.** If the child(ren) exhibits any of the symptoms listed below, the child(ren) shall not attend the child care facility until the symptoms are no longer exhibited or unless the Parent(s) has obtained a statement from the child's doctor stating that the child is not contagious. The final decision as to whether a child will be admitted to the child care facility will be made in the sole discretion of the Provider.    A. Fever of 100 degrees F  B. Persistent diarrhea  C. Continuous coughing  D. Irregular Breathing  E. Unusual rashes  F. Vomiting  G. Swallowing difficulty  H. Discharge from eyes or ears  I. Lice  J. Communicable diseases |

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|  | If the child(ren) exhibits any of these symptoms while present at the child care facility, the Parent(s) will be notified and shall immediately remove the child(ren). The child(ren) may be isolated from the other children at the child care facility until the Parent(s) arrives. |

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|  | The Parent(s) agrees to inform Miss K's Little Blessings of any illness or problem of the child(ren) that might affect other children at the child care facility. |

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|  | The Parent(s) agrees to provide a medical report describing the child(ren)'s personal medical history to Miss K's Little Blessings prior to the child(ren)'s first day of care. |

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|  | The Parent(s) shall be responsible to arrange for alternate care if the child(ren) is unable to attend as provided in this Contract. Child care fees will not be adjusted for the days a sick child does not attend the child care facility. |
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|  | **13. ITEMS SUPPLIED BY PARENT(S).** The Parent(s) shall provide the following items to Miss K's Little Blessings for the benefit of the child(ren) whenever reasonably requested by Miss K's Little Blessings: change of clothes, diapers, wipes, diaper ointment, pacifier, formula, bottles, jar baby food, small blanket for nap time, and a favorite stuffed animal. |

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|  | **14. ITEMS SUPPLIED BY MISS K'S LITTLE BLESSINGS.** Miss K's Little Blessings shall provide breakfast, a mid-morning snack, lunch and a mid-afternoon snack as well as personal hygiene items such as soap and hand sanitizer, toys, books, and games. |

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|  | **15. HOLIDAYS/VACATIONS.** Miss K's Little Blessings will not provide child care on any federal holidays. The child care fees will be adjusted for these federal holidays during which Miss K's Little Blessings's facility is closed. In addition, Miss K's Little Blessings will not provide child care on the following days: the day after Thanksgiving. The child care fees will not be adjusted for these days during which Miss K's Little Blessings is closed. |

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|  | The Parent(s) is responsible for arranging for alternate child care for closings when the Provider is attending training classes and for emergency closings due to severe weather. The child care fees will be reduced proportionately for the days during which Miss K's Little Blessings's facility is closed. |

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|  | The Parent(s) shall provide Miss K's Little Blessings with 2 weeks advance written notice of expected family vacations. The child care fees will be adjusted for the time period that a child does not attend because of a family vacation. If timely notice is provided, the Parent(s) is not required to pay child care fees for the period of the family vacation. |

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|  | **16. MODIFICATION OF TERMS.** Miss K's Little Blessings shall be entitled to change any of the terms in this Contract, including but not limited to fees, by providing the Parent(s) with 30 days advance written notice of such changes. |

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|  | **17. DAMAGE TO PROPERTY.** Children are expected to treat all property located at the facility with respect, including but not limited to toys and furniture. The Parent(s) agrees to pay for the accidental or willful destruction of any property located at the facility, whether owned by Miss K's Little Blessingsor any other person, at the replacement cost, if such destruction was, in the sole opinion of Miss K's Little Blessings, caused by the child. |

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|  | **18. DISCIPLINE.** Miss K's Little Blessings reserves the right to discipline a child when necessary. Discipline consists of: time-outs, setting or redefining limits, or re-directing child's attention. |

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|  | **19. CONSTRUCTION.** Words and phrases in this Contract shall be construed as in the singular or plural number, and as masculine or feminine, according to the context. |

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|  | **20. SEVERABILITY.** If any provision of this Contract is found invalid, the parties agree to sever the invalid portion of the Contract while the remainder of the Contract remains valid and enforceable. |

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|  | **21. BINDING EFFECT.** This Contract shall be binding on and shall inure to the benefit of the parties and to the executors, personal representatives, heirs, and successors of the parties. |

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|  | **22. AMENDMENT, MODIFICATION, AND WAIVER.** Except for changes initiated by the Provider as permitted in this Contract, no amendment, modification, or waiver of any condition, provision, or term in this Contract shall be valid or of any effect unless made in writing, signed by the parties and specifying with particularity the extent and nature of such amendment, modification, or waiver. |

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|  | **23. MERGER.** Prior agreements made by the parties are deemed to be merged into this Contract. |

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|  | **24. ASSIGNMENT.** Neither party may assign its interest under this Contract except that the Provider may assign its interest to an entity controlled by Miss K's Little Blessings. |

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|  | **25. GOVERNING LAW.** This Contract shall be construed and enforced in accordance with the laws of Texas. |

**This contract shall be signed by Kislah Presnall, on behalf of Miss K's Little Blessings, and by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Parent(s). By signing this Contract, the undersigned represents**

**that the undersigned has understood and agreed to the terms and conditions of this Contract.**

**Breach of this Contract in any way by the Parent(s) may result in immediate termination of child care services.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kislah Presnall DATE**

**Owner/Director**

**Miss K's Little Blessings**

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**Parent(s)/Guardian(s) DATE**

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