

MINNIE MIRACLES

Child's name: _____
(Last) (First) (Middle)

Child's birth date: _____ sex: _____

Home address: _____

Hours of care needed

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

THIS AGREEMENT SERVES AS AN OFFICIAL CONTRACT OF ENROLLMENT AT JOHNSON'S HELPING HANDS DAYCARE BETWEEN THE FOLLOWING PARTIES:

Parent 1:
Name: _____ Relation to child: _____

Home address: _____

Home phone: _____ Work phone: _____ Cellphone: _____

Work hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Email Address: _____

Employer's name and address: _____

Parent 2:
Name: _____ Relation to child: _____

Home address: _____

Home phone: _____ Work phone: _____ Cellphone: _____

Work hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Email Address: _____

Employer's name and address: _____

Emergency Contact:

Name: _____ Relation to child: _____

Home address: _____

Home phone: _____ Work phone: _____ Cellphone: _____

Work hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Email Address: _____

Employer's name and address: _____

Additional Guardians permitted to pick up/drop off child:

Names:

Numbers:

Daycare provider:

Name: Ekta Modha Business phone: _____ Cellphone: 262-399-5334 or 262-666-0825

Email Address: _____

Normal business hours: 8:00am to 5:00pm Monday through Friday

Emergency hours: open for early arrival at 7am and pickup no later than 10pm for 7 days a week depending on package of choice

WITH AN AGREED UPON START DATE OF: _____

1ST MONTHS ADVANCE DEPOSIT AMOUNT: _____

AMOUNT DUE DATE: _____

PACKAGE CHOSEN: _____

DEPOSIT DUE EACH MONTH: _____

DUE DATE FOR DEPOSITS: _____

*all fees and deposits are non-refundable

This payment does not include extra charges that may be incurred for field trips/special events, and or change of clothing as agreed upon in advance. These charges will be the parents'/guardians' responsibility.

Bounced/late payments have a Late fee policy:

If your payment has not been made on time, we will reserve the right to charge a late fee of \$25.00 and if this is a constant habit then we have authorization to terminate services immediately.

SIGNATURES:

By signing this contract, parents/ guardians agree to abide by the contract and the written policies of the provider. The provider may amend the policies by giving the parents/guardians a copy of the new or changed policy. *prior to signing review the fee policy*

Provider's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Co-Signer Signature _____ Date _____

If the parent/legal guardian is under 18, a co-signer must sign this agreement and act as a guarantor to the contract and agree to be bound by all financial agreements held within this contract

Termination Procedure:

*This contract may be terminated by either parent/guardian or provider by giving 2 weeks written notice in advance of the child's last day. Payment by parent/guardian is due, whether or not the child is brought to the provider for care. The provider may terminate the contract without notice if the parent/guardian does not make payment when due or fails to abide by the terms of contract. Failure by the provider to enforce one or more of the terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

