FAITH DAYCARE AND LEARNING CENTER

PARENT- CENTER AGREEMENT

This agreement made this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_. 20\_\_\_, between Faith Daycare and Learning Center, 4240 Wisconsin Anchorage, Alaska hereinafter referred to as the “Center,” and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereinafter referred to as “parent(s).”

In consideration of the mutual agreement contained herein, the parties agree as follows:

1. Hours and Daily Program Schedule – In consideration of payment by parents of the rate as listed on the current rate sheet, the Center agrees to furnish daycare service to the child or children. It is understood that the daily program schedule is subject to change without notice. Full-time enrollment is considered as daily attendance of five days per week or more than five hours a day. For each child enrolled the Center will furnish daycare services up to ten (10) hours per day, five days a week, between the hours of 7:00 a.m. and 6:00 p.m., except for Saturdays, Sundays and the following holidays:

New Year’s Day Independence Day Thanksgiving

Presidents Day Labor Day Day after thanksgiving

Good Friday Veteran’s Day Christmas Eve

Memorial Day Christmas Day

1. Rates- All Payments for full-time child care will be made regardless of whether children are present or absent. Rates will change on the first of the month following the child’s birthday.

Registration fee is due at time of enrollment. Upon payment of the nonrefundable registration fee, a place will be held for the child up to two weeks at which time the first month’s fee must be paid or the place relinquished. On September 1 of each following year the annual material fee must be paid for each child enrolled.

Fees are due in advance before the 5th of the month. Fees paid after the 5th are considered late and a $50.00 late fee will be added. Any special arrangements for payment must be made in writing with the director.

For parents eligible for Daycare Assistance, the Center will bill Daycare Assistance monthly and the parent is responsible for any portion of the fee not paid by Daycare assistance.

1. Discounts- For two children of the same family enrolled full-time, the child paying the lowest fee will receive a 25% discount and the other child will be a full fee. For families with three or more children enrolled full-time, the child paying the highest fee will be at full price. The child paying the lowest fee will receive a 25% discount. All other children of the family enrolled full-time will receive 10% discount. For vacation credit and regulations, see Parent Handbook.
2. Termination- Either party hereto may terminate this agreement upon giving 14 days advance written notice, in which unused prepaid fees will be refunded in full. Prorated fees will be based on the daily rate. Refunds will not be made due to failure to attend. A child withdrawn without notice or with any portion of fees unpaid will not be eligible of readmission.

**I have received and read the Parent Handbook and agree to abide by the rules of the Center. Failure of parent to abide by the rules may result in Center asking the parent to withdraw the child.**

**Parent initials** \_\_\_\_\_.

Normal hours of attendance will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Current fee will be \_\_\_\_\_\_\_\_\_\_\_.

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

Parent’s Signature Director’s Signature

**FAITH DAYCARE AND LEARNING CENTER**

**4240 Wisconsin**

**Anchorage, Alaska 99517**

**REGISTRATION**

Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Child lives with: Mother: \_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_ Guardian: \_\_\_\_\_\_\_\_\_\_\_

Are Parents: Married\_\_\_\_\_\_\_\_ Divorced\_\_\_\_\_\_\_\_\_ Separated\_\_\_\_\_\_\_\_\_ Widowed\_\_\_\_\_\_\_\_

Child’s Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to take your child to the hospital in the case of illness or accident?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_

I give my permission for you to call another doctor in case of an emergency, if family doctor cannot be reached.

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

Signature of Parent or Guardian

In case of an emergency notify: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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