

Nana’s Place Preschool

**10046 N. 43rd Ave Glendale 85302 Tel: 623)931-5015**

Child Care Agreement

**Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Social Security** **#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Employer Name and Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren) Names and DOB** 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF SERVICES:** I have received a copy of the Statement of Services and Tuition Schedule and have been made aware of the policies of the center as regards all matters mentioned therein. I have read and agree to abide by the rules and regulations of Nana’s Place while my child(ren) are enrolled here. **HOURS:** I agree to adhere strictly to the hours of \_\_\_\_\_ A.M[] PM [] to \_\_\_\_\_\_A.M. []P.M.[] on the following days: (circle) Daily S M T W TH F S . Should any changes occur, I agree to let Nana’s Place know in advance of the changes. **I understand that my childcare services can not exceed 10 hours per day. I also understand that if I am outside of my scheduled drop off time, services may be denied.**

**TUITION:** I agree to pay Nana’s Place the tuition/fee of \_\_\_\_\_\_\_\_\_\_\_ per week on every Monday prior to my child(ren)’s care. I understand that Child Care Services will not be available to me nor will my child be allowed to attend if the fee is not paid in advance each week. I further understand that the tuition/fee, as above, is for the space reserved for my child(ren), and that is due whether my child is in attendance or not. I also understand that there are no exceptions to this rule. Up to two weeks of vacation per year may be used by paying a holding fee of 50% of tuition due. **No Refunds**

**LATE FEES**: I agree to pay a late fee of $5.00 per day (until the outstanding balance is paid in full) if my bill is not paid in full at the beginning of the week or as prearranged or when my child is dis-enrolled. I understand that payments are first applied towards late fees, next towards overtime and other payments due. If my account is delinquent for over a week, my child may be dis-enrolled. I agree to pay a processing fee of $25.00 for returned checks, along with collections and other fees charged to Nana’s Place. Also I will be required to pay by cash or money order for the next three months. Only full payments are accepted after disenrollment. NO REFUNDS

**FOR DES PARENTS ONLY**: I agree to pay the tuition co-pay of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week that the DES requires me to pay. The co-pay is due for space reserved and is due irrespective of my child’s attendance. I further understand that I am responsible for paying the full fee amount should DES not pay for the days my child(ren) is or is not in attendance for any reason. I understand that DES pays for 2 absences’ and I am responsible for all other payments when my child(ren) is not present. **NO REFUNDS**

By participating in a Nana’s Place and it’s event or by failing to notify us, in writing, your desire to not have your photograph used by us, you are agreeing to release, defend, hold harmless and indemnify Nana’s Place from any and all claims involving the use of you or your child(ren)picture or likeness.

I fully understand that this is a legal binding contract and I agree to abide by it.

Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Parent Sign-In/Sign-Out Procedure

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am responsible for signing my first name or first initial and my full last name on the sign-in/sign-out record provided by the center for my children when they arrive at the center and when I take them home in the evening. I have to sign with my legal signature (printing is not acceptable). I understand that this is a state regulation that insures the children are leaving your custody and entering our custody. In the event I make a mistake I will put one line through the mistake and initial it then write the correct information on the proper line.

**Please Note:** I know if I am on a subsidy program i.e. DES and do not fill out my records correctly, the subsidy program will not pay for my childcare. I am then responsible for the payment in full. I understand that I can read the back of the sign in-out forms for detailed procedures are on the back of every sign in-out record.

If I have any questions about this procedure I know I can speak with Nana's Place staff.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# How to complete the Sign-in/Sign-out Records

We will complete the top section for you.

**DATE** is the DAY of the month. For example, 1 is the 1st day of the month, 2 is the 2nd day of the month, 3 is the 3rd day of the month so 30th or 31st is the last day of the month (depending on the month).

**Time In AM** is where you write the time the child arrived to the center

**Signature** is your *legal signature* (First and Last name) Note: You may not print your name.

**Time Out PM** is where you sign them out at the end of the day.

**Signature** is your legal signature (First and Last name) Note: You may not print your name.

Parent Responsibilities

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am responsible for labeling all of my child’s belongings with **first and last name.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am responsible for supplying the proper amount of diapers and wipes and it is my job to check my child’s cubby daily.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to drop my child or children off in a clean diaper.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will drop my child/children off in their assigned classroom and allow a five minute arrival check in with teacher and wash my child’s hands.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will drop my child off in good spirits and notify management of any illnesses and always walk my child or children to their classroom.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will pick up my child or children starting with the youngest first, and I will not allow my child to walk to our vehicle alone.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will supply my child with a change of clothes each day, even if my child is fully potty trained.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree in the event of a schedule change to notify center’s Director in writing of the change no more than two weeks in advance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to check all medications in with the office, this includes all prescription and over the counter meds.