

Miss Dawn's Child Care Contract

The following is an agreement between _____ and
parent

Dawn Chaffin for child care to be provided for _____
child / children

A deposit of \$ _____ will hold a child care space. Deposits are not refundable. A one month trial period begins the first day of care.

1. Child care will be provided _____ from _____
days of care hours of care

2. The cost of care will be \$ _____ per month.

3. Payments are to be made the **first** of the month. A late fee of \$35 will be charged for any payments made after the 10th of the month and the **provided Credit Card will be charged on the 11th of the month with a 3% processing fee** unless other arrangements have been made between the parent and provider in writing.

4. **No refunds** for absents, school closings, or vacations. There will be a **returned check fee of \$35.00 - \$50.00** charged to you if a check is returned. Lawyer fees and any legal fees will also be charged to you if a lawyer is obtained to receive monies owed to Miss Dawn's Child Care.

5. Overtime pay will be **\$1.00 a minute for each minute after 6:00 pm.** unless previous arrangements have been made between the parent and Dawn Chaffin.

6. Miss Dawn's will conduct **Fire Drills** every month and **Shelter in Place Drills** 2 times a year as per State Regulations.

7. Provider or parent can terminate this contract with a one month notice in writing.

Bank Account Info:

Account Holder Name: _____ Bank Name: _____

Routing Number: _____ Bank Account Number: _____

Credit Card Info:

Cardholder Name: _____ Expiration Date: _____/_____/_____

Card Number: _____ Visa / MC 3 digit code: _____

Billing Address: _____ Town: _____, NY Zip: _____

Bank Account / Credit Card Holder Signature: _____ **Date:** _____

By Signing above I have given my authorization / consent to have my Bank Account/Credit Card information on file and to have my Bank Account/Credit Card debited the full tuition amount each month until the end of my child/children's care or upon written cancellation if the full tuition amount has not been fully paid by the 10th of each month. I will not dispute the manual billing of the above Bank Account/Credit Card with the Bank/Credit Card issuer so long as the amount in question was for services rendered prior to my written cancellation. I guarantee and warrant that I am the legal accountholder / cardholder for this account/credit card and that I am legally authorized to enter into this automatic billing agreement with Miss Dawn's Child Care.

My Signature below indicates that I have read, fully understand, and agree with the Policies and Procedures as stated above in this Contract.

Provider's Signature

Date

Parent's Printed Name

Parent's Signature

Date