

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.

Credit Card Info:

Cardholder Name: _____ Expiration Date: _____/_____
Card Number: _____ 3 digit code: _____
Billing Address: _____ Town: _____, NY Zip: _____

Card Holder Signature: _____ Date: _____

By Signing above I have given my authorization / consent to have my credit card information on file and to have my 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 credit card with the 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 cardholder for this 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 Signature

Date

Parent's Printed Name