



This Contract is between

_____ hereinafter "client" and Marisol Blas, hereinafter "provider," for childcare services provided for the child(ren) listed below.

Childcare Location:

Address: 18631 SW CASCADE DR, BEAVERTON OR 97003

Provider: Marisol Blas

CCD License:

Phone Number: Español (503) 953-3406 English (971) 300-8151

Email: HappylittlesunchildcareLLC@gmail.com

Client Information:

Name(s) of Parents/Guardian: _____

Address: _____

Phone Number: _____ belongs to _____

Phone Number: _____ belongs to _____

Email(s): _____ belongs to _____

Email(s): _____ belongs to _____

Employer's Name/Address: _____

Emergency Contact & Phone Number: _____

Authorized People for Pick Up: _____

(First time picking up, need to show ID)

Child(ren) Covered by This Contract:

1. Name of Child: _____ Date of Birth: _____
2. Name of Child: _____ Date of Birth: _____
3. Name of Child: _____ Date of Birth: _____
4. Name of Child: _____ Date of Birth: _____

Tell us more about your child(ren) and family:

Do your child(ren) have any medical conditions, such as, allergies, asthma, etc.? _____

(If your child takes any medication, we will need a prescription)

Tell us about your child(ren) attitude(s): _____

Tell us about your child(ren) behavior(s): _____

Tell us about your child(ren) interests and dislikes: _____

Tell us about your rules at home: _____

How many children are in the family, ages?: _____

Parental/Guardian Permission:

1. Do you give us permission to transport your child(ren) to field trips or other needs? Yes or No
2. Do you give us permission to provide medicine such as Tylenol in case the child gets a fever? Yes or No
3. Do you give us permission to call for medical service in case of an emergency? Yes or No
4. Do you give us permission to post pictures of your child(ren) on the internet, (such as Facebook, Instagram, childcare web page, etc.)? Yes or No

KEY INFORMATION

1. First Day of Care: _____
2. Regular Hours of Care: 5:00 AM to 6:00 PM; Monday through Friday
 - a. Late drop-offs do not allow for late pick-ups, and absent days do not cover another day.
3. Payment:
 - a. Biweekly payment of \$_____ starting ____/____/____
4. Late Fee Policy:
 - a. The maximum hours available for full-time care is 9 hours.
 - b. If the Client picks up their child after 9 hours or after 5:00 PM closing time, the Client will be responsible for paying \$1 per minute.
 - c. The Client is responsible for paying a fee of \$1 per minute if they pick up their child(ren) outside of regular hours (if not previously discussed with providers), regardless of maximum hours and closure time.
5. Yearly Closures:
 - a. January – Winter Break (MAY BE ADJUSTED)
 - b. Presidents' Day
 - c. 2-5 days in March – Spring Break
 - d. Memorial Day
 - e. Independence Day
 - f. 2-5 days in the summer – Summer Break (MAY BE ADJUSTED)
 - g. Labor Day
 - h. Veterans' Day
 - i. Thanksgiving Break (day of and potentially day before OR after Thanksgiving)
 - j. Last week of December and a day or two of the beginning of January – Winter Break (MAY BE ADJUSTED)
6. Important Information Regarding Closures:
 - a. Some closure dates may be adjusted depending on placement and time. Parents will be notified by providers a minimum of 1 week in advance.
 - b. If a holiday falls on a Saturday, the childcare program may be closed the day before (Friday).
 - c. If a holiday falls on Sunday, the childcare will be closed the day after (Monday).
 - d. The client must pay for all paid holidays and breaks listed above, regardless of any other term in this contract.
7. Provider Sick/Personal Days:
 - a. The provider is responsible for notifying parents a week in advance of any closures and providing other personnel for care.
8. Client Vacation:
 - a. The Client must pay the regular fee even if they did not bring the child(ren) during their vacation.

9. Child Sick Days and Absences:

- a. The Client must pay for all days when the child is sick and not in childcare.
- b. If the child(ren) gets sick during childcare hours, the Client is responsible for picking up the child(ren) as soon as possible.
- c. The Client must not bring the child(ren) if they are sick or show unusual side effects within 24 hours before care. This includes vomiting, fever, diarrhea, sore throat, eye infection, skin infection, and lice infestation.

10. Holding fees:

- a. In order to hold a space in the childcare, the client must pay \$200/month until initial start date. Holding fees will go into first child care tuition cycle.

11. Field Trip Fees:

- a. The Client will pay any out-of-pocket costs involved with field trips, such as zoo entrance fees, community center fees, or other event fees.

12. Fees for Extra Services and Food:

- a. The Client will be responsible for bringing diapers, wipes, baby food, formula, rash cream, sunscreen, blanket, boots, raincoat, and extra clothes for the childcare program.

13. Contract Termination:

- a. If the Client wishes to terminate the contract and withdrawal their child from our services, they must notify the provider at least a month in advance.
- b. If the child leaves care during a new pay cycle, the Client is responsible for making full payment for the month.

We will have two weeks of grace period to adapt to each other, and if the child, you, or we are not satisfied, this contract is invalid. You must notify us at least two weeks in advance if you choose to stop service. You are responsible for covering the payment for the remainder of your service cycle.

By signature, this contract means that you agree to all terms and policies in the parent handbook.

PARENT SIGNATURE(S): _____

PROVIDER SIGNATURE: _____