



Child Care Contract

This contract is between _____, hereinafter "client," and _____ Dana Wilson _____, hereinafter "provider," for child care services provided for the child listed below.

Child

Name of child: _____ Date of Birth: _____

Child Care Provider

Name of provider: Dana Wilson

Address: 36827 Cabrillo Dr Fremont CA 94536

Phone: 925-321-1232

E-mail: d.wilson4@yahoo.com

Client

Name of First parent/guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer's name/address: _____

Name of Second parent/guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer's name/address: _____

Enrollment Fee and Prepaid Tuition

At the time of signing this contract, client will pay provider \$ _____, for advance payment of the 1st month of care, as well as \$ 120 for the 1st Annual Registration Fee. Client will pay in advance of all care. Annual Enrollment Fees are due on the date this contract is signed and each subsequent year on the same day. Registration fee is subject to a maximum increase of 10% per year at provider's discretion.

Termination

Client agrees to submit written notice of intent to cancel **six weeks prior to terminating this contract** (email is ok if provider confirms receipt of email). Payment is due for the notice period whether or not the child is brought to the provider for care during that time and regardless of any other term in this contract. Provider may terminate this contract at will.



Monthly Child Care Tuition Fees

Infant

2 Years and Younger ----- \$1,400

Child

3 Years and Older -----\$1,200

Part Time

All ages -----\$90/Day (Schedule is Upon Director's Approval)

Payment requirements will decrease upon each child's 3rd birthday. Client agrees to pay Fremont Kid's Academy \$_____ for each MONTH of care on the 1st day of each month of care. Tuition rates may increase on a yearly basis at a maximum rate of 10% at provider's discretion. **All tuition payments are non-refundable and due in advance of care.** The fee for an insufficient funds check will be \$ \$35, plus the amount of any bank charges to the provider's account and provider may opt to cease care until the account is paid in full.

Early Payment Incentive

If tuition is received on the 15th of the month prior to the care period a 5% discount shall be applied.

Late Payment Fee

If tuition is received after the 1st of the month of the care period a 5% late fee shall be applied.

Absences and Closures

Client is responsible for full payment of tuition when child is on vacation. Client is responsible for full payment of tuition regardless of absence due to illness of client or child. Provider may require closure of the program due to provider sickness. Client is responsible for full payment of tuition during closure.

Client

Signature: _____ Date: _____

Printed Name: _____

Client

Signature _____ Date: _____

Printed Name: _____