**PROVIDER-PARENT/GUARDIAN CHILD CARE CONTRACT**

Welcome! I’m glad you have decided to enroll your child in Kings and Queens Family Childcare Center. (You are welcome to contact the Office of State Superintendent of Education, who I am licensed through to verify my status of certification or should you have any concerns) As a licensed provider, I can care for up to 12 children under the age of 12 years, at any one time. Along with enrollment materials, parents will receive a copy of a parent checklist which summarizes enrollment forms and facility regulations. The following contract is to be printed, completed and signed by the parent/guardian before care begins. **Note that there is no obligation, this contract binds you only to the start date, tuition payments and only holds your space if payment included.** Please read over all program policies and fees before signing. We must discuss fees and provided services before care begins. **Please make a copy of the signed contract.** If you have any questions regarding fees, policies or practices, please feel free to discuss them with me. Contact me via email at [kingsandqueenschildcarecenter@gmail.com](mailto:kingsandqueenschildcarecenter@gmail.com) or on my cellular at (202) 360-2049. If this contract is cancelled at any time, tuition will increase to the new yearly rate.

**This Contract is Between:**

|  |  |  |
| --- | --- | --- |
| **PROVIDER’S NAME** | **ADDRESS** | **TELEPHONE NUMBER** |
| **Cynthia Davis**  **Provider Initials \_\_\_\_\_\_\_\_\_\_** | **4831 9th Street, N.W. Washington, D.C. 20011** | **(202) 360 - 2409** |

**-And-**

**Mother/Father/Legal Guardian:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the Care of:**

1. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I may amend the contract/policies by giving the parent/guardians a copy of the new or changed policies at least one week but no more than three weeks in advance depending on the urgency before any changes go into effect. Parents who have a portion of their tuition paid through the subsidy program, please fill in the required subsidy copayment amount regardless if the fee is zero. **When applying for vouchers, you must use my name Cynthia Davis** **NOT** the company name Kings & Queens Childcare Center. **For any reason, this contract is voided especially for vacations; the new increased facility rates will apply.**

**Hours of Care Needed: (Be sure to specify if AM or PM and please print clearly)**

**TIMES: (circle all days needed)** - Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday

**Drop-Off Time: \_\_\_\_\_\_\_\_\_\_\_ (am or pm) Pick Up Time: \_\_\_\_\_\_\_\_\_\_\_\_ (am or pm)**

**Payment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**