



CLOUD 9 DAYCARE LLC CONTRACT

This contract is made effective as of _____,
by the following parties:

Cloud 9 Day Care And Parent(s) and Legal Guardian(s) ("Parent"):

Name:

Relationship:

Address:

Place of Employment:

Primary Telephone Number:

Mobile Phone:

Name:

Relationship:

Address:

Place of Employment:

Primary Telephone Number:

Mobile Phone:



To Provide Child Care For:

Child's name:

Nickname:

Date of Birth:

Sex:

The undersigned Parent(s) hereby gives Cloud 9 Day care to care for the above child(ren) in accordance with this contract. In consideration of the mutual agreements and covenants contained in this contract, the parties agree to the following:

1. Contracted Hours:

The provider should provide child care services and the Parent(s) shall pay for such services as follows:

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>
Saturday	<input type="text"/>



This schedule shall be in effect unless terminated sooner by one of the parties in accordance with the contract and the policies.

2. Fees for Full-Time child Care:

Child Care Fees for "Full-Time" prescheduled child care are as follows \$404 under the age of two, two to three years of age \$400, three to five years of age \$380, and from 6 to 12 years of age \$350 per week. Full-time child care is defined to be 35 or more hours per week.

3. Fees for Part-Time Child Care:

Child care fees for "Part-Time" prescheduled child care are \$ 85 per day. Part time child-care is defined to be less than 35 hours per week.

4. Fees for Unscheduled Child Care:

Child care fees for any unscheduled hours are \$85 per day, or if less than 1 week, \$ 100 per day.

5. Timing and method of payment:

The Parent(s) shall pay child care fees on or before the last day of each week. Please see policy handbook for additional information.

Authority To Pick Up Child:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

The Following Person Does Not Have Authority To pick Up The Child

Name:

Name:

Emergency Contacts:

In case of an emergency Cloud 9 Day Care will first try to reach the parent(s). If the parent(s) cannot be reached, we will then contact the following person(s) in the order listed below:

Name:

Relationship:

Address:

Phone:

Name:

Relationship:

Address:

Phone:

Medical Treatment:

If the children become ill Cloud 9 Day Care will first try to reach the parent(s). If the parent(s) cannot be reached we may contact the child(ren's) physician.

Name of Physician:

Address:

Telephone number:

Cloud 9 Day Care is authorized to provide the physician or a representative of the physician with the following medical information:

Hospital preference:

Insurance Company:

Policy Number:

Name of Policy Holder:

Damage To Property:

Children are expected to treat all property located at the facility with respect, including but not limited to toys and furniture. The parent(s) agrees to pay for the accidental or willful destruction of any property located at the facility, whether owned by Cloud 9 Day Care or any other person, at the replacement cost, if such destruction was, in the sole opinion of Cloud 9 Day Care, caused by the child.

Binding Effect:

This contract shall be binding on and shall inure to the benefit of the parties and to the executors, personal representatives, heirs and successors of the parties.



Amendment, Modification and Waiver:

Except for changes initiated by the Provider as permitted in this contract, no amendment, modification, or waiver of any condition, provision, or term shall be valid or of any effect unless made in writing, signed by both parties and specifying with particularity the extent and nature of such amendment, modification or waiver.

This contract shall be signed by Cloud 9 Day Care and by the parent(s). By signing this contract, the undersigned represents that the undersigned has understood and agreed to the terms and conditions of this contract. Breach of this contract in any way by the Parent(s) may result in immediate termination of child care services.

By: _____

Date: _____

Provider: _____

By: _____

Date: _____

Parent (s) _____

