



2009 Contract

Child's Name: _____ Address: _____ City _____ Postal Code: _____

Income Tax receipts to be issued to the following: _____

Hours of Care Committed to:

- Fees are based on care to be provided on the following days: _____
- Care will be provided for the following hours: _____ at a Option ____ fee of _____

Payment Fees

- I have provided a security deposit of \$_____, equal to two weeks fees to confirm a space within the program. This deposit will be applied towards my end of service notice period. If I do not give 10 business days written notice I acknowledge that the security deposit will be kept in lieu of my written notice.
- I understand that fees are due **in advance** of care by noon on Fridays as per my payment schedule of weekly, bi-weekly, monthly. Fees are due for all days committed to above regardless of actual attendance, including all public holidays, inclement weather or illnesses.
- The suggestion of supplying post dated cheques to ensure timely payments has been explained to me and I understand that a late fee of \$10.00 will apply to all late fees. A service charge of \$25.00 will apply to any NSF payment. *After a NSF cheque I will be required to pay cash/money order.*
- I understand that for **every** child not picked up by the scheduled time there is an additional charge of \$5.00 in first 5 minutes \$1.00/minute for every minute after. I acknowledge I will be required to sign a late fee form and that payment for these fees will be due with my next scheduled payment.
- I acknowledge that from time to time the provider may need to raise program fees in order to meet the changes in cost of providing service. It has been explained that a minimum of one months written notice will be given prior to any such increase and a new contract signed to reflect these changes.

Vacation / Time off Policies

- Families on Option A pay a higher weekly rate but no fees are collected during provider vacation closure. Families on Option B pay a lower weekly rate in favor of agreeing to provide fee payment for the two weeks of the provider's vacation. A minimum of 60 days notice of vacation closures will be provided.
- The program is also closed for the Christmas period of December 24 through to the first Monday in the New Year. With the exception of all statutory holidays no fees are due during this closure period.
- If families choose to take additional vacation, at other times of the year aside from program closures, payment to secure space will be required in advance of vacation leave.
- In addition, there may be an odd occasion throughout the year where the program is required to close early to accommodate provider appointments, a written notice will accompany early closures and I understand I will need to make arrangements to pick up my child before hand.
- If the provider cannot offer care due to medical or family emergency, and an alternate provider cannot fill in, all families will be given as much possible notice to arrange alternate childcare for themselves. Family support during this times is greatly appreciated ☺

Parent Handbook Received

- I have received an electronic PDF copy of the Added Advantage Home-based Early Learning Program Parent Handbook and have read/reviewed, with the care provider, all policies and procedures for care. I know my responsibilities and I hereby agree to abide by all areas outlined within the Parent Handbook. I understand that failure to comply with the policies and procedures may result in termination of this contract.

Parent/Guardian
Signature

Provider's
Signature

Date

This 2009 contract replaces any previously dated contract.

Created 2007
Revised 2009