Provider- Client Agreement of Child Care Services

This contract is made between _____ (client) and Colores de Esperanza Home Daycare (child care services) described below.

Child Care Services will be provided for:

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:_____

Child care services will begin on_____(insert day of week and date). Child care is open year-round, except for holidays, and vacation June 29-July 3, 2026 and December 24, 25, 28-31, 2026 and January 1st, 2027. Also Sick and professional growth days listed in the Parent Handbook.

Open: Monday to Friday **Hours**: 7:00 AM to 5:30 PM

The contracted days and hours of child care services are as follows:

Monday	_____AM/PM	to	_____ AM/PM
Tuesday	_____AM/PM	to	_____ AM/PM
Wednesday	_____AM/PM	to	_____ AM/PM
Thursday	_____AM/PM	to	_____ AM/PM
Friday	_____AM/PM	to	_____ AM/PM

Child Care Rate:

The charge for care is $_____ per _____(day of week or month), payable on _____(day/week/month) is required.

*Payment is accepted by cash, check, money order or direct deposit. Payment is due regardless of attendance. The child care fee must be paid one week in advance and due no later than **Friday** before care begins the following week.

*The client will pay a $_____ per day fee for late child care payments. For tax purposes, a yearly statement, W-10 form will be provided to each family by January 15th.

*Returned checks must be paid by cash. Additional returned checks will result in cash or direct payment only. There will be a $_____ (amount) returned check charge plus any additional charges incurred to myself and/or by the bank.

*Outstanding accounts will be sent to court and collections; the client will be responsible for all court costs.

Fees due upon enrollment:

*Non-refundable registration fee of **$200**

*Advance payment for last two weeks of care in the amount of_____(week/month), which will be credited towards the last $_____ (# of weeks) of child care provided all provisions in this contract and the Parent Handbook are met.

Overtime Rates:

*Overtime charges will apply for hours of child care before _____AM/ _____PM and after _____AM/ _____ PM.

*Client will pay an additional fee of $_____ per minute if the child is dropped off earlier or picked up later than the time stipulated by this contract.

*If prior arrangements are made with the provider the overtime rate will be $_____ per hour.
PM
Other Charges:

*If the client is receiving state subsidized child care assistance, the co-pay will be $_____ per month and responsible for paying the full amount of the fees under this contract if child care assistance payments are interrupted for any reason.

*Due to cost of living increases, child care fees will increase annually at a rate of $_____ per (day/week/month).

Vacations / Day Non-Operational

The mandatory vacations / Day Non-Operational for Colores de Esperanza Daycare Home is June 29th thru July 3rd 2026 and December 24, 25, 28,29,30,31 2026 and January 1st, 2027. Waiting that the 10 days will be payable.

Nutrition

Child care will include the following meals and snacks:

O Breakfast O AM Snack O Lunch O PM Snack O Dinner

Release of Child:
Children may be taken from the provider's care only by the person/s signed below and those named on the Authorization to Leave Care form.

Trial Period:
A trial period of child care will begin on _____ (insert date). The client will pay $_____ per week. During this time, either the client or the provider may cancel the contract immediately, without written notice. If the contract is cancelled during this _____ (insert amount of time) trial period, the client will pay a prorated fee. Payment is Due for each day unless the contract is cancelled before the day begins.

Termination Procedure
The Client may terminate this contract at any time with _____(days/weeks) written and paid notice. The provider may provide_____(days/weeks) written notice of termination but reserves the right to immediate termination if the client or child posses any threat to the safety and welfare of other children in care, the providers family or failure to comply with policies.

All parties agree to the contract terms and understand this is a legal binding agreement. By signing this contract, clients indicate that they have read the provider's policies and agree to follow them. I reserve the right to make changes to my policies without notice. This contract is entered into by the client and provider and will remain in effect until termination of care or the signing of a new contract.

By signing this page, you indicate that you have received and read my policies and agree to follow them.

_____ _____
Parent or legal guardian's signature Date of signature

_____ _____

Parent or legal guardian's signature Date of signature

_____ _____

Co-signer's signature Date of signature

A co-signer is required if the client is under the age of 18. The co-signer guarantees the contract and agrees to be responsible for all its financial terms if the client fails to pay the provider.

_____ _____

Provider's signature Date of signature