

# LEAPIN' LIZARDS CHILD CARE CONTRACT

We agree to enroll our child(ren) in Leapin' Lizards Childcare Program, licensed by the State of Michigan. We understand that the first week's tuition and our registration fee are non-refundable.

We have printed and read the parent handbook and agree to comply with all rules and responsibilities stated. Leapin' Lizards Childcare has the right to modify the rules and policies stated in the handbook. Such notice will not be applicable in the event of emergencies or licensing mandates.

We agree to pay tuition according to the posted tuition rate. Tuition includes light breakfast, lunch, two snacks, and educational programs. We agree to pay tuition regardless of absence. We agree that Leapin' Lizards Childcare may raise tuition rates with a written thirty days notice. We agree that tuition is paid Friday after the child's week begins.

Leapin' Lizards Childcare operates between the hours of 6:30AM and 6:00 PM Monday through Friday. We agree to pay any late pick-up fees at the time of late pick-up.

We understand that Leapin' Lizards will release my child/ren to only those authorized on the Child Information Card.

Leapin' Lizards may terminate this agreement without proper notice if my child's participation in the program creates a direct threat to safety of other children or the staff.

Leapin' Lizards may photograph my child and use the picture on their website.

We understand each party acknowledges and states that no representation, inducement, or condition not set forth in this contract has been made or relied on either party. The laws of the State of Michigan shall govern this contract.

Child's full name	Birthdate
_____	_____
_____	_____
_____	_____

## Child programs:

A registration fee of \$75 for single children, and \$100 for families with 2 or more children will be paid upon enrollment.

Age	Daily Rate
Birth – 3	5 days/ \$42 per day; 3-4 days/\$44 per day; 1-2 days/\$47 per day
3 and up	5 days/\$36 per day; 3-4 days/\$39 per day; 1-2 days/\$42 per day
All ages	Under 4 hours/\$31
Preschool only (9:30-12:00)	\$20.00

A rate of \_\_\_\_\_ & \_\_\_\_\_ per day per child will be charged for my full time or part time child(ren). These rates will be charged regardless of my child's attendance. These rates are due on or before my last contracted day of each week. I understand I will be charged \$15.00 for each day my payment is late starting on Friday at 6:01 PM, weekends included. I understand I will be charged a late pick-up fee starting daily at 6:01 PM of \$5.00 the first minute and \$1.00 every minute after. My contracted days and hours are:

Monday	_____	am to	_____	pm
Tuesday	_____	am to	_____	pm
Wednesday	_____	am to	_____	pm
Thursday	_____	am to	_____	pm
Friday	_____	am to	_____	pm

**All schedule changes must be submitted in writing to the director.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_