2025 Contract for Care

The Parent/responsible party is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
If court orders that 2 or more parties be responsible there must be a separate contract for each party.

This contract for care is between Bright Beginnings Academy for Kids LLC and the responsible party for care provided for the following children:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_ Schedule(days/times):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_ Schedule(days/times):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_ Schedule(days/times):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_ Schedule(days/times):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the meals your child/ren will be here for:

Breakfast (9:00am) Lunch (12:00pm) Snack (3:00pm)

The fee for the above listed child/ren is $\_\_\_\_\_\_\_\_\_ weekly and must be paid prior to care being provided. This amount listed is the amount your family owes for services. Your parent payment would be minus any payments or assistance from outside sources. However, if outside sources stop payments responsible parties are required to pay full fees.

If your schedule varies you must initial here \_\_\_\_\_\_ I agree to provide a schedule Wednesday prior to needing care. If your schedule is not received by Wednesday, we reserve the right to charge for a full week of care. Your child/ren must attend a minimum of 3 days per week unless availability of sharing a spot with another child is available. The fee will be as follows: FULL DAY $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any care provided that is not listed on this contract will be billed at the rate currently charged by the center.

A 2-week notice is required to terminate care or responsible party agrees to pay a fee of equal to the amount of care for those 2 weeks.

Failure to pay said fees will result in termination of care. Payments can be made weekly, bi-weekly or monthly by credit card. A fee of $40.00 will be charged for any NSF payments.

Refusing to sign this contract does not void the contract. The rates listed above apply with or without signature.

Contract for care is good for one year OR until such point rates change at which point it will be updated by Bright Beginnings and resigned by responsible party.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Parent/Responsible Party Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Bright Beginnings Admin. Signature Date