**BRIGHT BEGINNINGS ACADEMY FOR KIDS L.L.C. CONTRACT FOR CARE**

Responsible Party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_

I agree that my child will attend Bright Beginnings Academy for Kids LLC on the following days and hours:

MONDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meals Breakfast/Lunch/Snack/Dinner

TUESDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meals Breakfast/Lunch/Snack/Dinner

WEDNESDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meals Breakfast/Lunch/Snack/Dinner

THURSDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meals Breakfast/Lunch/Snack/Dinner

FRIDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meals Breakfast/Lunch/Snack/Dinner

SATURDAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meals Breakfast/Lunch (no dinner offered due to hours of care)

I agree for the above listed hours I will pay the amount of $\_\_\_\_\_\_\_\_\_\_per week or $\_\_\_\_\_\_\_\_biweekly.

I agree to pay monthly be the 5th of the every month and will be given 2 % discount. \_\_\_\_\_\_\_monthly

**ONLY In the event that my child’s hours vary** I agree to supply Bright Beginnings Academy for Kids LLC with a schedule for the following week by Wednesday. If I fail to provide them with a schedule they will schedule my child every day and I will be billed accordingly. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature required

I understand that additional time above what is contracted will be charged additionally and is based on availability.

A $30.00 fee will be charged for NSF checks.

 **$15.00 is charged for anyone picking up after 9:00p.m. And will be charged $5.00 per minute per child.** I understand that I must provide a 2 week written notice to terminate care to avoid additional charges. If a 2 week notice is not given I understand that I will be billed for those 2 weeks. **If child care is paid for by another source I fully understand that I am responsible for any and all amounts due that the other source does not pay. (Such as DSS)**

I agree to the above conditions:

Parent’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Director signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_