

# ***BLESSINGS KIDS LLC***

***COLLEGE HILLS BLESSINGS & BLESSINGS MANOR***

***Eugene, OR 97405***

***Phone: (541) 799-9399***

## ***ANNUAL CONTRACT***

Please read the following, sign, date and return to me before your child begins care at Blessings Kids LLC. If you have questions regarding anything in this contract please speak with me before signing.

**1. There** is a **NON-REFUNDABLE** \$75.00 registration fee due at the time of enrollment. This fee is based on the number of children enrolled.

**2.** There will be a \$2.00 charge per minute if you are late picking up your child at closing hours. (**This only applies to pick up by 6:00 or if you are enrolled in extended care**, unless you are picking up your child mid-day and another parent has to wait for your arrival to drop their child off, this would happen only if we are at an overage) ***YOU MUST STICK WITH YOUR ORIGINAL SCHEDULE.*** I must authorize changes before you bring your child on a day or time not listed on their original plan. **PLEASE NOTE: we have other children attending and a ratio we must stay within, advanced knowledge of changes to your child's schedule is a must.** . Phone calls are always appreciated if you are running late. In **extreme** circumstances this fee will be waived if necessary, but again the circumstances would have to be **extreme**.

**3.** Children brought to daycare without the necessary supplies (diapers, extra clothing, medication etc.) will need to be picked up **immediately** or you must return in a **reasonable** amount of time to bring their things.

**4.** If your child is sick (please see note on door if you are not sure of symptoms) you will need to pick them up from daycare immediately. If your child is on medication you must fill out a medication form for the duration that the child is to take it. If medication is stopped and then restarted you will need to fill out a new form. **THERE ARE NO EXCEPTIONS TO THIS RULE.** With this contract you will be asked to list four people that have permission to pick your child up, we will need their phone numbers. They will be notified to pick your child up if you cannot pick them up in a timely manner. This rule is enforced by the State of Oregon; a child may not remain in daycare if they are sick, you must notify the parent and if they do not respond notify their contacts.

**5. Payments are due on the 5<sup>th</sup> of the month.** If your childcare is paid through DHS you will be asked to sign your monthly form by the 27<sup>th</sup> of the current month. DHS will only pay a portion of your bill, co-payments and overages are due by the 5<sup>th</sup> of the month. Payment arrangements can be made. Once arrangements are **not met you will be charged a \$50.00 late fee and your next months' payment is due on the 5<sup>th</sup>.** You are billed for all missed days, DHS will be billed for five missed days, the rest will be billed to you separately.

6. If you choose to cancel your contract we require at least a **TWO-WEEK** notice. We will offer the same courtesy to you if we require that you have your child removed from our care.

7. If your child misses a week the first week is **NOT** credited, the second week of care missed you will be credited for that on the next month of daycare. Adjustments are not given for less than a week missed. All requested leave of absences need to be given two weeks in advance and a month in advance if you want to have your bill adjusted. Student discounts cannot be held for more than one week absence. Registration fee will be reapplied if you give up your discounted spot with no guarantee that you will receive the discount when you reapply.

### **DHS Payments & Billing**

Parents that use this payment system, please be advised that it is your responsibility to make sure your caseworkers send your monthly billing form. If we have not received your billing form by the 5<sup>th</sup> of the month we are currently in, you will receive a notice on your sign in and out sheet. **Please take these reminders very seriously.** Contact your caseworkers immediately, sometimes it can just be an error, but we must get it fixed as soon as possible. If we do not have your billing form by the 15<sup>th</sup> of the month and no arrangements have been made with myself and your case worker, your childcare will be **suspended or you will have to pay the balance in full for the month.** I do not like doing this, but considering we have expenses and payroll to keep up on, we have to do it this way. I believe if you stay on top of your caseworkers and I do the same we will see some better results this year. Thank you for your cooperation and understanding in this matter.

## Late Payments

**All payments are due on the 5<sup>th</sup> of the month.** Arrangements can be made, but must be made at least **two weeks** in advance. **Any payments received AFTER the 5<sup>th</sup> that do not have an arrangements made will be charged a \$50.00 late fee.** Any balances remaining past 30 days will be assigned to a collection agency. You will be responsible for any and all collection and court fees that are incurred.

Please understand we provide a safe and loving environment for your child to be in. We also want to have open communication with you as parents. If you have any questions or concerns please feel free to speak with me or make an appointment to sit down and talk with me about your concerns. I truly feel that once these issues have been addressed we can keep our main focus on the children, which is our *priority*. God Bless.

Sincerely,

Shakelah Morgan  
*Blessings Kids LLC*

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Parent Name

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Parent Signature

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Date

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Owner/Director

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Date

***BLESSINGS KIDS LLC***  
***COLLEGE HILL BLESSINGS/BLESSINGS MANOR***  
***Phone: (541) 799-9399***  
**APPLICATION**

\_\_\_\_\_  
Child Last Name      First Name      Middle Initial      Age/DOB

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Child Last Name      First Name      Middle Initial      Age/DOB

\_\_\_\_\_  
Child Last Name      First Name      Middle Initial      Age/DOB

\_\_\_\_\_  
Mothers Name/Contact Number      Fathers Name/Contact Number

\_\_\_\_\_  
Mothers Address      Drivers License #

\_\_\_\_\_  
City      State      Zip      Home Phone Number

\_\_\_\_\_  
Fathers Address, if different      Drivers License #

\_\_\_\_\_  
City      State      Zip      Home Phone Number

\_\_\_\_\_  
Mothers Employment

\_\_\_\_\_  
Employment Address      Employment Phone Number

\_\_\_\_\_  
Fathers Employment

\_\_\_\_\_  
Employment Address      Employment Phone Number

\_\_\_\_\_  
Emergency Contact Name      Emergency Contact Phone Number

\_\_\_\_\_  
Dr. Name & Number      Dentist Name & Number

Does the state of Oregon provide you with medical assistance?    YES    NO  
If yes please provide us with a copy of your medical card

Is the state of Oregon assisting you with your daycare payment?    YES    NO  
If yes please indicate which program you are using, i.e. JOBS, ERDC. Include the  
branch office name and telephone number as well as the name and code of your worker.

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Please list four people that have permission to pick your child up in case of an emergency  
**Include phone numbers**

_____	_____
_____	_____

Please list any allergies, medical problems or issues below, write none if none apply:

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If you have school age children, please list the name of the child and the school the child  
attends below

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**\*\*Please write out your requested schedule:**