



2018-2019

Contract For Childcare

- Childcare location options: Hartford, Claremont, Extended Day, HASP, DBS, OQS, Kid Connection, Disnard, Maple, Bluff.

Child's Schedule Start Date: _____

Child's Name _____ Date of Birth _____

Primary Parent's Name _____ Email address _____

Secondary Parent's Name _____ Email address _____

Table with 4 columns: Day (Monday-Friday), Contract Day (Y/N), Drop Off Time, Pick Up Time.

I/We agree to notify the Site Director of any changes needed in this contract immediately.

Tuition & Payment Information

Payment is due no later than Monday or the first day of service for the week:

I prefer to be billed: Weekly, Bi-Weekly (starting date), Monthly

I prefer to pay via: ACH Debit, Check (\$2/month fee for check payment)

Credit Card Credit Card Number: _____ Exp: Date: _____ Sec #: _____ (2.5% fee for credit card payment)

Amount due per schedule & billing cycle: _____

Email address I prefer to receive statements: _____

NH and VT Scholarship Recipients: You will receive a separate Service Agreement which will outline your weekly co-pay once you are linked to our program.

Please see the attached fee policy for contract amounts. In the event that the primary parent is unable to pay tuition, the secondary parent must accept responsibility for tuition payments. Please be advised that the Board of Directors reserves the right to alter the contract amounts at any time. Notification of such changes will be made 30 days in advance.

Please review and check off each item:

- I/We agree to all of the information included in the Green Mountain Children’s Center’s (GMCC) Parent Handbook.
- I/We agree to follow the GMCC Payment Policy. **In the event that the primary parent is unable to pay tuition, the secondary parent accepts responsibility for tuition payments.**
- I/We agree to pay the contracted amount regardless of my child’s attendance to ensure my child’s spot following the policies in the Parent Handbook regarding absences, illness, vacation or center’s closing (snow days, holidays, and unexpected required closings due to water, power or heat loss).
- I/We agree to abide by GMCC’s Illness Policy. The center reserves the right to make the final decision if a child may attend or be excused from a classroom. I/We understand that children play outside daily and must be healthy enough to participate
- I/We agree to follow the procedures for the distribution of medication for my child as outlined in the Medicine Administration Policy.
- I/We agree to give GMCC two weeks written notice of withdrawal from the program. Withdrawal not in accordance with this policy will result in billing of one additional week of child care.
- I/We agree to abide by the program’s arrival and departure times. (See Parent Handbook for center’s hours of operation). I understand that I will be charged a late fee of a dollar a minute for the first fifteen minutes and five dollars a minute thereafter.
- I/We agree to keep all information in my child’s file up to date including: Address, immunization records and emergency contact information.
- GMCC is a nut-controlled program. I/We agree to abide by the Nut-Controlled Policy and provide my child a nut-controlled lunch. If the center needs to provide a lunch, the cost will be \$5.00 per meal. (NOTE: HASP and Kids Connection are not nut controlled)
- I/We understand that communication is a key to building a positive relationship between parents and staff. I/We agree to have open communication with GMCC staff.
- I/We agree that anytime a GMCC staff person feels verbally or physically threatened by an individual, it may be cause for termination of contract or relationship with the organization.
- GMCC’s special programs are dependent on financial support through fundraising. There are various fundraising opportunities available throughout the year. All families are required to raise \$200 annually or donate 8 hours of volunteer time.
- In consideration of my child being allowed to attend Green Mountain Children’s Center programs and participate in field trips and activities, I/We do hereby release GMCC and their agents from any and all responsibility and liability for injuries or illness resulting from my child attending GMCC or while participating in field trips. I/We consent to my child receiving emergency first aid, and if necessary, being transported to a hospital for emergency care. I/We agree that any and all transportation and medical care to be at my expense.
- GMCC reserves the right to revise its policies on an “as needed” basis. Families will be notified of any alterations when they occur from the Executive Director and/or the Board of Directors.

Parent/Guardian Signature

Primary Parent’s Signature

Date

Secondary Parent’s Signature

Date

Site Director’s Signature

Date

Site Director’s Signature

Date