## Brittany's Family Daycare

**Provider: Kerry Benny** 

500 W Main St. Middletown | MD 21769

240-490-5711 (H) | 240-533-6344 (M)

## Agreement

## Brittany's Family Daycare Provider: Kerry Benny

Provider: Kerry Benny 500 W Main St. | Middletown | MD 21769 240-490-5711 | 240-533-6344

This contract is made between the two parties: 1. The parent(s)/guardian(s):

Parent 1 Relationship to Child (Father/Mother/Guardian)  Home Address  Work: Company Name and Address:						
				Home Phone	Cell Phon	Cell Phone
Parent 2 Relationship to C	Child (Father/Mother/Guardi	an)				
Home Address						
Work Phone Job Title						
Home Phone	Cell Phor	ne				
Child 1 Name						
Date of Birth:	Age	Enrollment date:				
Child 2 Name						
Date of Birth:	Age	Enrollment date:				
Child 3 Name						
Date of Birth	Age	Enrollment date:				

Weekly Rates/child (5 days): 2-5 years: \$205.00 Infants under 2 years: \$265.00 Part-time: Daily Rates/child: 2-5 years: \$60.00 Infants under 2 years: \$ 75.00 (See Rate Sheet for more info) Parent(s) Guardian(s) agree to: Child 1: (i) Attendance: My child will attend on the following days: ☐ Full time ☐ Part time ☐ Before/After Care ☐ Drop In Mon\_\_\_\_Tues\_\_\_\_Weds\_\_\_\_Thurs\_\_\_Fri\_\_\_\_Hours: \_\_\_\_\_ (ii). Fees: I will pay \$\_\_\_\_\_/week for the above reserved days/ hours for the care of my child. For the reserved time of care, payment will be made in advance to the Provider. Payments will be made every week on or before Friday by: □ Check Payments will be pro-rated per day for the week of enrolment if less than a week for the 1<sup>st</sup> week. Child 2: (i) **Attendance**: My child will attend on the following days: ☐ Full time ☐ Part time ☐ Before/After Care ☐ Drop In Mon Tues Weds Thurs Fri Hours: (ii) **Fees**: I will pay \$\_\_\_\_\_/week for the above reserved days/ hours for the care of my child. For the reserved time of care, payment will be made in advance to the Provider. Payments will be made every week on or before Friday by: □ Check Payments will be pro-rated per day for the week of enrolment if less than a week for the 1<sup>st</sup> week. Child 3: (i) **Attendance**: My child will attend on the following days:. Mon Tues Weds Thurs Fri Hours: (ii) Fees: I will pay \$\_\_\_\_\_/week for the above reserved days/ hours for the care of my child. For the reserved time of care, payment will be made in advance to the Provider. Payments will be made every week on or before Friday by: □ Check Payments will be pro-rated per day for the week of enrolment if less than a week for the 1<sup>st</sup> week.

## **Parent(s). Guardian(s) acceptance of Agreement:**

- i. I/We understand that by signing this contract, I/We agree to abide by all of Brittany's Family Daycare Care policies and procedures within this agreement and the Handbook.
- ii. I/We understand that failure to adhere to these policies/procedures could result in the dismissal of my child/children from Brittany's Family Daycare immediately.
- iii. I/We agree to pay fees by Friday before the week of care by Brittany's Family Daycare. If Fees are not paid on time Parents may lose their child's spot. No credits or refunds are issued for missed days for any reason.
- iv. I/We further understand that my child will not be re-admitted to the program until space is available and all fees, including late fees, have been paid. In addition, I/We shall be responsible for any attorney or collection fees required to collect unpaid fees and/or any other outstanding charges which may include late fees, late pick up fees, or optional activity fees.
- v. I/We agree to show respect and show consideration for Provider and any other personnel at Brittany's Family Daycare.
- vi. I/We agree to follow all Brittany's Family Daycare policies & regulations.

I/We, (Parent 1) and/or Parent 2		
have read and by signing below agree to this contract with Brittany's Family Daycar		
Parent 1 Signature	Date	
Parent 2 Signature	Date Date	
Kerry Benny	Date	
Licensed Child Care Provider Brittany's Family Daycare		