

Phone# 801-397-0937

Email: brydenac@aol.com

595 North 500 West

Bountiful, Ut. 84010

**CONTRACT AGREEMENT FOR CHILDCARE**

This childcare contract is between **Bryden Academy Learning & Daycare** and**:**

**Mother/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Father/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contract is entered into the parent & Bryden Academy agreement. It is established that Bryden Academy shall provide care for:

**Child #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Child #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_**

**Child #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Child #4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_**

 **Bryden Academy policies will be outlined throughout this contract. By initialing on the right hand side of each indicated area, you are agreeing that you have received and read each of the policies of Bryden Academy that accompany this contract. In addition, by signing this contract you are agreeing to abide by the policies set forth for this center & understand the consequences if broken.**

**Bryden Academy policies are as follows:**

**Center Hours:**

Our hours of operation are: 5:30am to 8:00pm

**Childs Schedule:**

 My child will be attending on the days and times specified in the schedule below:

This schedule must be followed as closely as possible for licensing & state food program policies,

if your schedule changes, please notify us. (Be as accurate as possible)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Arrival Time** |  |  |  |  |  |
| **Departure Time** |  |  |  |  |  |

 Please circle one of the following: Full Time Daily

**Tuition Rates:**

|  |  |  |
| --- | --- | --- |
| **CLASSROOM** | **WEEKLY** | **DAILY** |
| **Infants** | $195 | $40 |
| **Toddlers** | $195 | $40 |
| **2 Years Old** | $170 | $37 |
| **3 Years Old** | $155 | $34 |
| **4 Years Old** | $150 | $33 |
| **5 Years Old** | $145 | $30 |
| **Kindergarten** | $145 | $30 |
| **School Age** | $125 | $28 |

****

**Tuition Rate Policies:**

* Hourly rate available for SCHOOL AGE ONLY- $10/hr. (Must be less than 3 hours)
* Full time is considered 5 days a week, 10 hours or more a day (50 hours or more a week). Anything less then full-time will be charged at the daily rate.
* You are allowed 10 hours a day at the tuition rate stated above, when they are in our care. There is a fee of $10.00 for every hour over the 10 hours. There is a 12 hour limit any child is allowed to be at the center due to state licensing.
* The center closes at 8:00pm any child left here after that time will be charged $1/minute after closing

**I understand and agree to abide by the policies above pertaining to tuition rates X\_\_\_\_\_\_\_\_**

**Other Miscellaneous Fees:**

 **Diaper & Wet Wipe fee:** $10 Daily

 **Extra Clothing Fee:** $5/outfit

 **Late Pick-up after closing:** $1/minute

 **Over 10 hours:** $10/hour

 **No parent communication for van runs:** $10

 **Credit Card Fee:** $5/transaction

 **Excessively not clocking in/out**: $5/day

 **Tuition Late Fee:** $15/day

 **Registration Fee:** $40 (one-time fee)

 **Return Check Fee**: $35

**I have read and am aware of all the fees listed above & Agree to pay them when applicable X\_\_\_\_\_\_\_**

**Holidays, Sick Days & Vacations:**

* **Holidays**: Parents are responsible for paying for the holidays we are closed. We have this policy so our teachers can receive Holiday pay as a part of their benefits. However, if you put in a vacation slip 2 weeks before, then you will not have to pay for that day.
* **Sick Days:** If your child misses due to illness, you are still responsible for paying for that day. Even though your child is not in class, your child’s spot in the class is still being held.
* **Vacation Days:** If you are going to be taking a vacation, you can turn in a “Notice of Vacation Form” two weeks before the vacation. If this form is not done, you will be responsible for paying those days you missed.

**I understand the policies on paying for sick days, vacation days & Holidays X\_\_\_\_\_\_\_\_**

****

**Withdrawing From The Center:**

* Parents are required to give a two-week advanced notice if they will be withdrawing from the center permanently, or you will be charged for those two weeks.
* Bryden Academy reserves the right to terminate services at any time.

 **I understand & agree about the centers policy about withdrawing X\_\_\_\_\_\_\_**

**Daily Responsibilities:**

* + Parents are required to walk children into the building & to their classrooms. This is for their safety & for the teachers as well so they know when the child has arrived or has left.
	+ You must clock your child in & out each day on the sign in computer in our lobby using the pin # given to you upon registration. If the parent does not do it, then the administration will have to do it for you. If this becomes a persistent problem then a fee may be charged as stated above.

 **I understand & agree with the centers policies in this section X\_\_\_\_\_\_\_\_\_**

**Transportation To & From school:**

* All children must be at their scheduled pickup areas . If you do not need the center to pick up your child, please notify a member of the staff. If this is not done you will be charged a $10.00 driving fee.
* There are 3 specific rules for the children we transport that are very important!

 **1- Come Directly To The Van or to the meeting place after the bell rings.**

 **2- Always Buckle Up & Stay Buckled Up!**

 **3- If You Don’t See The Van Stay There And Wait!!!**

**Please go over these rules with your child, they are for your child’s safety! If these rules are not followed by your child & it becomes persistent then you may be charged a penalty fee.**

 **I understand & agree with these policies on transportation X\_\_\_\_\_\_**

****

**Payment Policies:**

* We are a PRE-Pay service business. Payments are expected to be made on the first Monday of the month/week, no later than Wednesday. If not paid by then a late fee of $15 a day will be charged until the full payment is made.
* All tuition is paid on a weekly, bi-weekly or monthly basis. Payments can be made by check, cash or credit card. If paying by Credit Card, there is a $5.00 fee.
* You pay for the flat rate that you are scheduled for as stated on page 1 of this contract, whether your child attends each day or not. Your tuition does not pay for the days they are here, it pays for the spot that your child is holding in their classroom. Unless you fill out a vacation by the director, your tuition rate will not change until the next age or if you have a change in your schedule & you submit a schedule change from the office.
* There is a $35.00 fee on all returned checks, after three returned checks only cash or money orders will be accepted.
* If you are receiving state assistance from work force services, you are responsible to pay any amount that they do not cover. This will be your co-pay. Due the same time as tuition is due. It can be split into 4 payments paid weekly or all at once at the beginning of the month.
* If parents are split-paying the tuition, both parents must sign separate contracts and make the necessary payment arrangements with Denise. If one parent defaults on their payments, then the other parent will be responsible to pay both portions until the issue is resolved.

 **I understand and agree to all above policies pertaining to tuition & payments. X \_\_\_\_\_\_\_\_**

**Collection & Fees Policy:**

If payments are not made as outlined in this contract, you as a parent/guardian will be responsible for any late fees accrued. A finance charge of 1 1/2 % per month (annual percentage rate 18%) of the unpaid balance will be added monthly.

 **By initialing here you agree & understand the policy on collections & fees. X\_\_\_\_\_**

**By signing below you agree to having read, understand and hereby establish a willingness to comply with this contract and the included policies.**

 Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**Payment Contract**

* My tuition payments will be made **weekly** in the amount of $\_\_\_\_\_\_\_\_\_ which will be due on Monday, no later than Wednesday of each week or late fees will accrue.

* My tuition Payments will be made **bi-weekly,** the first payment of $\_\_\_\_\_\_\_\_ is due on \_\_\_\_\_\_\_\_\_\_, the second payment of $\_\_\_\_\_\_\_\_\_ is due on \_\_\_\_\_\_\_\_\_\_. Payments will be due on the same dates each month thereafter.
* Payments will be made **monthly** in the amount of $\_\_\_\_\_\_\_\_\_. Tuition is to be paid in full by the first Monday of each month, no later than the first Wednesday of the month.

* The state will be paying for my child’s tuition:

The state pays $\_\_\_\_\_\_\_\_\_ each month for my tuition, I will be responsible to pay my co-pay just as regular tuition is due. The co-pay amount will be made:

 (Please circle one): Weekly Bi-weekly Monthly

Approved By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Administrator Signature)

 I agree to the above said terms regarding my payment plan for tuition and agree to pay for any & all tuition amounts, registration fees, late fees, fines, service charges and any and all other expenses accrued with Bryden Academy by me.

 **Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Collections Agreement**

 The undersigned agrees to pay an additional amount representing 40% of the principal balance. Should collections become necessary, the responsible party agrees to pay all legal fees of collection, with or without suit, including attorney fees and court costs.

 **Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**