

Imagination Station Home Daycare Contract

Date of application_____ Date of Start Date_____

Child's Name_____ Age_____ Sex_____ Birth date_____

Home Address_____ City/Zip_____

Parent Name_____

Phone_____ Work Phone_____

Address if different from child

City/Zip_____

Email_____

Parent Name_____

Phone_____ Work Phone_____

Address if different from child

City/Zip_____

Email_____

Hours:

Imagination Station Home Daycare is open Monday-Friday from 6:00am to 4:30pm.

I/We will be in need of childcare normally beginning at _____ and ending at_____.

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Payment

Daily rates:

\$40 for ages 12 months through 6 years.

\$30 for ages 6 years through 11 years.

*I do not provide summer enrollment only.

Payments can be made weekly by Venmo, Cash or Check. Receipts are available upon request. Payment are due by Monday morning the week of care. Your child will not be accepted into care until payment is made.

If you wish to pay bi-weekly or monthly please initial here and we can set up an alternate arrangement. _____

Policies

I/We have read the handbook of Imagination Station Home Daycare and agree to follow the policies in place. I/We understand that instances of not following the policies may result in termination of the contract.

By signing this contract, I/We agree that we have read the contract and all information provided on the contract and required forms is current and correct. I/We agree to pay for care given on the timeline outlined in the contract. I/We agree that at the end of the two-week trial period we may discontinue care as outlined in the Trial Period Policy.

Signature_____ Date_____

Signature_____ Date_____

Signature of Caregiver_____ Date_____