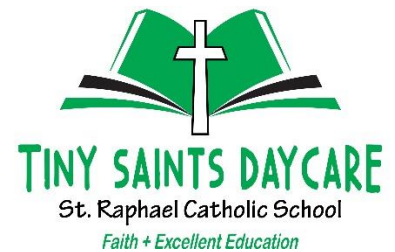


Tiny Saints: St, Raphael Catholic School Daycare
20 West VanDusen
Springfield, MN 56087
Ph: 507-723-4135
Email: katie.pierson@straphaelpk-6.com
Email: principal@straphaelpk-6.com



Provider-Parent/Guardian Child Care Contract

Payment:

Payment for a full time daycare spot is \$163.00 per week, per child*.

Payment for an after school spot is \$34.00 per week, per child*.

Payment for a drop in is \$3.75 per hour, per child.

*The fee for a full time daycare spot and an after school daycare spot is figured with the rate of \$3.50 per hour per child for the full 7:30am-5:00pm day, 51 weeks of the year. 5 days of vacation/sick days are figured into this payment; therefore, payment is due each week of the year at this set rate.

Payments Due:

Payment should be made each week by Friday unless other arrangements have been made.

Late Fee:

A \$10.00 per 15 minute late fee will be assessed to those families who are not picked up by closing time (5:00pm). If you are running late, or need extended hours at any given day, please call and we are willing to work with you if it fits the daycare staff's schedule.

Days and Hours of Operation:

Care shall be provided from 7:30am until 5:00pm Monday through Friday, year round.

Holidays, Vacations and Absences:

The following are paid holidays when they fall on a day regularly scheduled for care. Tiny Saints daycare will be closed on New Years Eve and New Years Day, Memorial Day, Juneteenth, Fourth of July, Labor Day, Thanksgiving, the Friday after Thanksgiving, Christmas Eve and Christmas Day.

Termination Procedure:

This contract may be terminated by either parent or provider. The parent may terminate this contract by providing a two week written notice in advance of the ending date. Payment in full is due for the notice period whether or not the child is brought to the provider for care. Tiny Saints: St. Raphael Catholic School Daycare may terminate this contract at will. Failure by the provider to enforce one or

more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

Family Agreement:

Child/ Children Name(s):

Age of Child/Children:

Days and hours of the week he/she will attend:

I agree to pay for the hours I have contracted for knowing that 5 sick/vacation days are already factored into the daycare spot weekly fee. If a child is absent from daycare (swimming lessons, preschool, doctor appointments, summer recreation) you will be billed for the normal contracted hours.

Signatures:

By signing this contract, parents agree to abide by the written policies of the provider. The provider may amend the contract by giving parents a copy of the new or changed policies at least two weeks before they go into effect.

Provider's Signature _____

Date: _____

Parent's Signature: _____

Date: _____