



# DAISY DAY CARE, LLC

54 Shoreline Cir. Incline Village NV 89451 – (775) 624-8898  
[tahoedaisydaycare.com](http://tahoedaisydaycare.com)

## CHILD CARE AGREEMENT

CONTRACT DATE: \_\_\_ / \_\_\_ / 2020

**This Child Care Agreement is made by and between:**

**Parent/Guardian:** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
hereinafter referred to as “Parent/Guardian”)

Home Address:

Employer’s Name and Address

**(Parent/Guardian:** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address:

Employer’s Name and Address.

**AND:**

**Harmony Shreve (hereinafter referred to as “Provider”)**

54 Shoreline Circle  
Incline Village, NV 89451

**For the care of:**

Child’s Name/Date of Birth

1 \_\_\_\_\_ :

—

Child’s Name/Date of Birth

2 \_\_\_\_\_ :

—

Please initial here to verify you read the above. \_\_\_\_\_

**Basic Rates and Payment Policies:**

**One time registration fee of \$25 due prior to signing agreement.**

**Nonrefundable.**

**Provider may only accommodate six (6) children at a time:**

**With the exception of Before and after school children enrolled in a regular schedule.**

Hours of operation: Monday 9am-6pm, Tuesday, Thursday Friday 7am – 6pm, Wednesday 7-5:30pm, care is up to 10 hours daily. Tues. **Before and after school hours are 7-8:30am and bus drop off til 6pm** Licensed 24/7 other hours available upon request.

Full-time in contract: up to 10 hours daily, 5 days a week.

Drop- in care: Full day up to 10 hours.

Before and After school care: up to 90 minutes before bus pick up, 3 hours after school available with a maximum of 4 hours per day. \*Must be enrolled in a local school. \*\*Daycare does not provide transportation.

| <b>DAISY DAYCARE</b>                     |   |   |  |                       |
|--|---|---|--|-----------------------|
| <b>HOURS OF OPERATION AND PRICING **</b> |   |   |  |                       |
| <b>M-F 8am - 6pm</b>                     | Full time daily in contract- up to 10 Hours. (Less than 5! days a week) available after covid restriction lift. | Hourly Rate<br>*Available after covid restrictions lift | Drop-In Full day<br>*1/2 Day of 4 hours or less<br>* Available after covid restrictions lift | Monthly M-F-FT 5 days |
| Infants 0-3 mos                          | \$100   | \$20  | \$135<br>*\$75   | \$1900                |
| 3months-12 Months                        | \$95  | \$20  | \$130<br>*\$70   | \$1850                |
| 1yr-2 yrs                                | \$92  | \$20  | \$120<br>*\$65   | \$1750                |
| 2-4 years old                            | \$87  | \$20  | \$110<br>*\$60   | \$1650                |
| 5 years and up*                          | \$45  | \$20  | \$100<br>*\$55   | \$800                 |

Please initial here to verify you read the above. \_\_\_\_\_

Hourly rate/Drop-In: if space is available. Not available for before and after school care.

Saturdays: Up to 8 hours of care maximum. Hours upon request. Other times are available but **must be arranged before the day of care.**

\* and potty trained- Accident free for 30 days\*

\*\*All fees are due in advance of when care is given

\*\*\* Bright Wheel app charge \$2.50 per month- Brightwheel will not be charged when out of contract.

## Terms of Agreement:

### Child's Schedule:

My Child/Children will be enrolled in (check one):

- Full-Time in Contract**
- Part-Time in Contract**
- Hourly Rates/Drop-In**
- Before and after school care**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Approx. Drop off Time: \_\_\_\_\_

Approx. Pick-up Time: \_\_\_\_\_

**Monthly Rate:** \_\_\_\_\_ (to be filled in by Provider)

Payment shall be due in full on the 1st (first) of the month in advance of when care is given. Payment is late by the 5th of the month and a **late fee of \$50** is applied. Alternate payment arrangements may be considered prior to the beginning of childcare. (Split payment 1st and 15th) Drop-in payment is due at drop off time in advance of when care is given. If 3 late payments are made on the split payments the option is revoked.

### Overtime Rates:

1. **Overtime with prior arrangements** - For the purpose of this Child Care Agreement, overtime will be considered later than 6:00 pm on Monday thru Friday, with previous arrangements made and will be considered on an individual basis, if space is available. If the Parent/Guardian makes prior arrangements with the provider, the child(ren) may stay overtime at the following rate: \$25.00 per hour.

2. **Saturday's** - Up to 8 hours of care available upon confirming arrangements with Provider. Provider reserves the right to decline care on Saturday's. Pre-Payment reserves your spot. \*Available only to children in full time care

Please initial here to verify you read the above. \_\_\_\_\_

3. **Late without notification** - If the Parent/Guardian has not informed Provider that he or she will be arriving later than the agreed upon pick-up times, the following rate will be charged: **\$1 per minute or a portion thereof due at pick up time.**

Yes

2. **Baby Supplies** – diapers, will be the Parent(s)/Guardian(s) responsibility. Parent(s)/Guardian(s) will be notified when their supplies are running low. Parent will donate one pack of wipes (or other paper product) to the daycare once a month. Provider will utilize wet wipes purchased in bulk from Amazon. Should your child(ren) require a special brand of wet wipes, please accommodate a plentiful supply of the same to Provider.

3. **Healthy Snacks** - Once a month, please contribute a snack items to Provider. You do not need to prepare anything. In order to alleviate having too many or too few snacks at any given time, please bring contribute snacks in the following order:

Last names that begin with A-M: bring snack in the first week of the month.

Last names that begin with N-Z: bring snack in the week of the 15<sup>th</sup>.

Snack suggestions: Apples or oranges, watermelon, carrots, snap peas, pretzels, Cheerios, your child's favorite snack, etc.

(\*not required for drop in care) it does not need to be a lot. Just enough for one serving for six children, this is about socializing and sharing something we enjoy with friends.

4. **Bright Wheel** - A digital check-in system that shares real time information, pictures, activities and information we use in emergencies. Bright wheel is a **requirement** of enrollment. You will receive an invite email when you first enroll. (form to request email is also on the website: brightwheel.com) Please fill in all the required fields for your child and yourself. Brightwheel charges a fee of \$2.50 per child that is added onto your monthly invoice. (\*not charged for drop in care) **You are responsible for keeping this information current and up to date. Please fill out everything to the best of your ability.**

### **Absences, Holidays, Vacations, Drop-in reservations:**

1. **Sick Days- Vacation days** - We understand that sometimes unexpected situations can occur in life. Unfortunately, our staffing and other operational costs are incurred based on the fix level of enrollment. If your child is absent you're still responsible for a few months question; regardless of the circumstances. Full tuition is due to hold your child spot in the program.

2. **No call/ no show** It is the responsibility of the Parent(s)/Guardian(s) to communicate with Provider in advance of schedule changes.

3. **Provider is ill** - In the case of Provider's illness or other personal emergency that prohibit care every effort will be made to provide a for a substitute teacher, or notice will be given by 7:30 a.m. \*Excessive sick days (more than 2 in a 30 day period) will be refunded the following month.

Please initial here to verify you read the above. \_\_\_\_\_

4. **Provider vacation** - Parent(s)/Guardian(s) will be given a minimum of two weeks' notice. There is no charge while Provider is on vacation. We are closed 7/4, 7/18, 11/26, 12/15, 12/25 in 2020. You will receive at least a 20 day notice for any additional closings or late openings.

5. **Parent(s)/Guardian(s) Child vacation-** – After 12 months in the program full time you receive One week (5 days) of vacation day's total per year, and your fee is half of your regular fee to hold the child(ren)'s spot. 30 day **Advanced notice is required. Only for daily rate.** Does not apply for customers receiving daily rate\*\*\*

6. **Drop-In reservations:** one time drop-ins can be reserved up to 90 days in advance. Invoice will be sent at time of reservation. Full payment is confirmation of care for the scheduled day. Cancellations are not eligible for refund. \*NOT AVAILABLE IN 2020

### **Infectious Disease Policy:**

Our priority at **Daisy Day Care** is to ensure the safety of the children and staff that come to our center every day. We are working on creating new procedures every day in order to achieve this goal, but we will not be successful without your help! Daisy Day Care is following all communicable disease guidelines set forth by Child Care Licensing and the CDC. We understand that we must do our part to keep your children safe.

As the risk in our area for Covid 19 increases, we are asking each of our families to acknowledge and agree to the following procedures. We only need 1 form per family. *This form must be turned in, in order for your child to be admitted to our program.*

*Please find this form at the end, sign and return .*

### **Scheduling Procedure:**

You will receive a invoice from the Provider, confirming the following month's care, by the 25th of each month. Please confirm your child's schedule with Provider as soon as possible, and no later than the last day of the month. Invoices will also be sent out via email. As indicated above, payment will be due on the first day of the month and is considered late after the 5<sup>th</sup>. If you have a flexing or changing schedule it is your responsibility to request childcare as soon as possible. It is based on availability as we only have room for six children at a time. Drop-In, changing schedules will be confirmed at time of scheduling and payment is due at that time. Payment is due upon drop off for the day of Drop-In care if not reserved in advance. (Please see Drop-in reservations above)

### **Nutrition Note**

The meals served are 95% organic and made here and included at no additional charge. Please notify us of any allergies or food intolerances. We strive for a whole food plant based diet. There is a posted menu by the cubbies for weekly reference. You can also request a detailed menu from the previous month. These are also listed

Please initial here to verify you read the above. \_\_\_\_\_

in your brightwheel feed. Any juices listed are fresh squeezed. We are overseen by the federal government and are required to offer cow milk at all meals. Please provide a doctors note if your child has any intolerance intolerance and especially cows milk.

I try to post pictures of the meals to Brightwheel but we also post the fun ones to Instagram @daisys\_delish\_dishes.

### **Termination Procedure:**

This Agreement may be terminated by either Parent(s)/Guardian(s) or by provider by giving a one month (30 day) written notice in advance of the ending date. Provider may terminate the contract without giving any notice if Parent(s)/Guardian(s) does not make payments when due. If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and the entire Agreement, will be severable and remain in full force and effect.

### **Emergencies:**

The undersigned hereby further authorize(s) any staff, employees, agents and representatives of Daisy Day Care to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either day care personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the daycare staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Agreement and corresponding Consent Form, Daisy Day Care shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The daycare is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assumes all risk of injury or harm to the child associated with participation in the daycare and agree(s) to release, indemnify, defend and forever discharge Daisy Day Care and it's staff, employees, and agents, and 54 Shoreline circle LLC of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the day care.

Please initial here to verify you read the above. \_\_\_\_\_

**Liability/Permission to Travel:**

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all day activities conducted by Daisy Day Care at 54 Shoreline Circle. Incline Village NV 89451, and to the participation of the child in all events related to said activities, including, but not limited to, vehicle transportation to and from activities. If your child needs transportation, specific to their schedule. The undersigned also hereby consent to waive all liability for the property  
A transportation fee of \$8 per ride will be applied and prior arrangements must be made with Provider.

**Signatures:**

By signing this Child Care Agreement, Parent(s)/Guardian(s) agree to abide by the written policies of Provider. Provider may amend the policies by giving the Parent(s)/Guardian(s) a copy of the new or changed policies at least two weeks before they go into effect.

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

Parent/Legal Guardian: \_\_\_\_\_ Date:  
\_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date:  
\_\_\_\_\_ Phone: \_\_\_\_\_

Co-signer: \_\_\_\_\_ Date:  
\_\_\_\_\_ Phone: \_\_\_\_\_

(If a parent or legal guardian is under the age of 18, a co-signer must sign this Child Care Agreement and act as a guarantor to the contract and agree to be bound by all financial terms.)

Email for Brightwheel: \_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_

**Emergency Contact 3:** \_\_\_\_\_

Please initial here to verify you read the above. \_\_\_\_\_

**Payment preference:**

- Cash (Must be exact change)
  - Check
  - Check Transfer via Brightwheel (\$0.60 per transfer)
  - Credit Card Invoice (3% processing fee added) \*
- \*If payment should be made via credit card, please complete and return the attached Credit Card Authorization Form.

Preferred email for receipt of payment:

\_\_\_\_\_

**Child's Schedule:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

F/T \_\_\_\_\_ 1/2 Day \_\_\_\_\_ Hourly \_\_\_\_\_  
Approx. Drop off Time: \_\_\_\_\_  
Approx. pick-up Time: \_\_\_\_\_

Monthly Rate: \_\_\_\_\_

Please initial here to verify you read the above. \_\_\_\_\_





## Infectious Disease policy

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
Parent/ Guardian Relationship to children listed above

Agree to be aware of my child(ren)'s health. If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home.

- Fever over 100.4
- New cough of any kind
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/ issues

I agree to only have my child(ren) in attendance if they are symptom free. If my child(ren) or anyone living within my household has any of these symptoms, I understand that they will not be allowed to attend **Daisy**

**Day Care** until they are cleared by a doctor or have 7 days symptom free. I agree to notify management of any conditions or changes in my child's health status. I agree to inform **Daisy Day Care** if my child tests positive for Covid 19 so that **Daisy Day Care** can take necessary mandated steps. **Daisy Day Care** agrees to keep your child's identity confidential. I also understand, as stated in **Daisy Day Care** Agreement and policies page that I am still responsible to pay for my child's enrollment at **Daisy Day Care** since the position is reserved solely for my child whether they are in attendance or not. **Daisy Day Care** regrets the need to enforce this policy, but we are trying to ensure the financial sustainability of the daycare at this time. If your family is facing a layoff, or financial hardship due to Covid 19, we do have an application you can fill out with children's cabinet to subsidize your childcare needs. If my wages are not affected by Covid 19, I agree to pay my child's tuition should I choose to keep my child home. I agree to indemnify and hold **Daisy Day Care** harmless against any damages, loss and claims that occur due to my child's attendance. **Daisy Day Care** has an Infectious Disease Strategic Plan in order to keep our children and staff safe from Covid

Please initial here to verify you read the above. \_\_\_\_\_

**AUTHORIZATION TO PROCESS CREDIT CARD ON FILE**

The following credit card information will be kept in a secure location where it may only be accessed by authorized persons. Any charges to the credit card below shall be made under the terms and conditions of the Child Care Agreement entered into between Parent(s) and/or Guardian(s) and Provider and will be reflected on the monthly invoice. Any refund of fees will be made to the Payor unless otherwise specifically authorized by the Payor.

Type of Card:     VISA     MASTER CARD     DISCOVER     AMERICAN EXPRESS

Credit Card Number:        \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Billing Address of Card:

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Payor):

\_\_\_\_\_

\_\_\_\_\_  
Please Print Name as it Appears on the Card

Payor Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dated: \_\_\_\_\_

**Parent(s) and/or Guardian(s) understands and agrees that Provider will charge a 3% credit card processing fee for the transaction.**

Please initial here to verify you read the above. \_\_\_\_\_