

Provider Use Only

- ___ Contract signed/photocopied
- ___ Enrollment forms completed
- ___ Registration Fee/ First Week's Tuition
- ___ Security Deposit
- ___ Referral bonus



His Way Family Childcare

12302 Bonfire Drive
 Reisterstown, MD 21136
 www.hiswaychildcare.com
 (410) 833-4029/ Fax: (410) 833-9096

FAMILY INFORMATION

Child's Full Name: _____ Birth date: _____

Parent/Guardian Name: _____

Parent's Address: _____

Parent's Phone #: _____(H) _____(W) _____(M)

Email _____

Parent/Guardian Name: _____

Parent's Address: _____

Parent's Phone #: _____(H) _____(W) _____(M)

Email _____

HOURS OF CARE

A) Full-time:

_____ will be dropped off at _____, and
 (Child)
 picked-up by _____ 5:30pm_____.

PAYMENT

A) Registration Fee

1) Before start of Daycare, a non-refundable registration fee of
 \$ **50.00** must be paid.

Registration fee and first week's tuition is required to reserve space
 (non-refundable)



- 2) Two weeks security deposit (payable in 10% increments) is also required. The security deposit will be credited to last two weeks of enrollment.

B) Payment

- 1) The basic charge for Daycare will be \$ _____ per week.
- 2) Payments will be made in cash or by check only. If paying by check, make your check payable to Angela Leach. Returned checks are subject to a **\$50.00** banking fee as well as late fees, and future payments must be made in cash for one year.
- 3) Payment is due on Monday, at the time your child arrives, or 9am if your child will be absent.
- 4) A payment becomes overdue if it is not paid on or before the day it is due. There will be a **\$25.00** fee, plus a charge of **\$10.00** per day for all overdue payments. All payments not paid-in-full within 30 days from the initial due date will be assessed a 25% collection fee. Additional fees for collections, administration/court costs and penalties may also apply.

C) Early drop-off/Late pick-up

- 1) There is a **\$1** per minute charge for any child dropped-off before **7:30am** and/or not picked-up by **5:30pm**.

TRANSPORTATION

I, _____, give my permission to Angela Leach, or her appointed driver, to transport my child.

PROVISIONAL PLACEMENT

A trial period of two (2) weeks is agreed upon. A decision (by either parent or provider) on final placement will not be made until the end of that period.

EFFECTIVE DATE OF AGREEMENT

This agreement will take affect on _____, and remain in effect until a change is made in writing (with two weeks written notice by parent or guardian), or until contract is reviewed and updated by His Way Family Childcare. **I acknowledge that I have received, read, understand, and agree to the policies and procedures listed in the His Way Family Childcare Parent Handbook.** _____ (initials)

Parent Signature Social Security# Driver's License#

Provider Signature Date