



Childcare Contract

School Year / Summer Session

Please initial at the bottom of this paragraph; that you have *read and understand* our Parent Handbook @ (www.firstyearsacademy.com). By initialing this statement, you acknowledge that you accept all the rules and regulations within, which you have read. This includes that you will do your best to follow the Parent Handbook and know that you may get friendly reminders if some of the rules in the handbook are not being followed. _____ (Initials)

This is a legal and binding contract between First Years Academy and _____ (Parent's name) You must initial each of the numbered statements below; that you have read and understand them and sign on the last page that you accept this Childcare Contract and the Parent Handbook in their entirety. _____

1. Childcare services, beginning on _____ (date), will be provided by First Years Academy for _____ (your child's name) on the following days of the week; Monday from ____am to ____pm, Tuesday from ____am to ____pm, Wednesday from ____am to ____pm, Thursday from ____am to ____pm, and Friday from ____am to ____pm. A Late fee will be charged of \$10 for the first 15 minutes late; and \$5 for every 5 minutes late after the first 15 minutes when your child's pick up time is exceeded. Your late fees must be paid with the next tuition payment or your childcare may be terminated. _____

2. Tuition for _____ will be \$_____ weekly (Including two snacks) payable by Thursday or the last day of the week for the following week of care; date of care

must be written on your check to show the week(s) intended for payment. All late tuition payments will be charged \$20.00 _____

3. Tuition is still due for **All** holidays, sick days and vacations. _____

4. The school year begins the last week of August through the last the day The Narragansett School District is in session. A school year registration fee of \$40.00 per child is due upon enrollment. A \$25.00 enrollment fee per child is due if your child is attending our summer program, which begins the last day The Narragansett School District is in session, and ends when the school year begins. These registration fees are **Non-Refundable** and are collected in August and June. **Please note: You must register your child for each school year and/or summer session, even if your child is currently enrolled. This allows the enrollment process to correspond with State Regulations for staff to child ratio and ensures a position for your child.** _____

5. Your deposit of \$_____ will be held to reserve your child's spot and used for your child's last week's tuition when he/she withdraws. This deposit is **Non-Refundable**. _____

6. You agree to pay \$30.00 fee for any check that is returned from the bank. If a 2nd returned check occurs, an additional fee of \$30.00 will be charged to your account, and all tuition payments for the next 3 months (90 days) will need to be paid by cash or money order only. The now *delayed* tuition, as well as the returned check charge, will need to be paid immediately in cash or money order. You will not be allowed to bring your child to school until these charges are paid in full. You know and agree that you will need to pay all related costs that will arise because of any unpaid tuitions, late fees and debts associated with your child's enrollment. These fees include, but are not limited to, collection agencies, legal fees (attorneys, accountants, ect.) and court fees. _____

7. You agree to provide First Years Academy with a 2 week written notice prior to terminating your child's care. This contract remains in affect until all tuition and outstanding balances are paid in full. You agree to notify First Years Academy of any extended time off or vacations in which your child will not be attending school (tuition is still due). _____

8. You agree to provide all supplies needed for your child. You understand items that are not supplied, will be purchased by First Years Academy and at that time you will be responsible to reimburse the school the full cost of those items. _____

9. You agree not to drop off your child before/after their scheduled time. If your child is dropped off before/after their scheduled pick up times, you will be charged per Statement #1 above, and then spoken to by the administrative staff. Please understand; we must stay in

proper staff to child ratio per State Regulations and overtime must be paid. If pick up/drop off time becomes a problem; your childcare may be terminated. _____

10. You understand that our staff at First Years Academy will be taking photos of your child to use within the center. You also acknowledge that upon entering our premises, you are being monitored by video cameras. Please notify anyone who picks up your child. If the media is present I agree that my child may____ may not_____ be photographed by the media. _____

11. By enrolling a child in your custody in First Years Academy, you are granting irrevocable permission to stream live videos of the child on the World Wide Web without further consideration. You agree to indemnify and hold harmless First Years Academy and KidsVision from ANY claims resulting from the video service. Although KidsVision has implemented maximum level security measures to protect against unauthorized access to the system, you as a parent/ guardian have the responsibility of protecting your Usernames and Passwords. Your KidsVision Username and Password provides a unique identifier that enables our system to identify authorized users. Therefore, your login information is the first line of defense against unauthorized access. As concerned parents and users of the KidsVision system, it is your responsibility to maintain exclusive control and use of your Username and Password and protect it from disclosure to others. **YOU SHOULD NEVER GIVE YOUR PASSWORD TO ANYONE.** Violating this policy including sharing access with a spouse or relatives is considered abuse of the service and can result in termination of use. _____

Parent signature_____ initials_____

First Years Academy _____ position _____

Deposit Amount Plus First Week of Care \$_____ Registration Amount \$_____

Date of withdrawal_____ Date of termination _____

Account clear: no balance_____ balance of \$_____ (see attached paperwork)