

Provider Use Only

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

- ___ Referral bonus



His Way Family Daycare
 601 Glynita Circle
 Reisterstown, MD 21136
 www.hiswaylearningcenter.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 _____ 5:45pm _____.

PAYMENT

A) Registration Fee

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

**Registration fee and first week's tuition is required to reserve space
 (nonrefundable)**



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. Returned checks are subject to a **\$50.00** banking fee and all future payments must be made in cash.
- 3) Payment is due on Monday, at the time your child arrives.
Co-payments for parents receiving POC vouchers are due on the 1st of every month
- 4) A payment becomes overdue if it is not paid on or before the day it is due. There will be a **\$50.00** 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 accrue monthly interest charges. Additional fees for collections, administration costs and penalties may also apply.

C) Early drop-off/Late pick-up

- 1) There is a **\$2** per minute charge for any child dropped-off before **7:30am** and/or not picked-up by **5:45pm**.

TRANSPORTATION

I, _____, give my permission to Angela Sidbury, 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 Daycare. **I acknowledge that I have received, read, understand, and agree to the policies and procedures listed in the His Way Family Daycare Parent Handbook.** _____ (initials)

Parent Signature	Social Security#	Driver's License#
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Provider Signature	Date
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