

**Please bring a copy of the child's vaccine/physical records and a copy of health insurance cards*

This application is set-up to be printed double-sided

DAY CARE CONTRACT

This Day Care Contract is made effective as of _____, 2020-2021
by and between the following parties:

"Provider": _____ DHS Certificate Number: _____

EL BEBE DAYCARE CENTER

1396 Broad St.

Providence, RI 02905

(401) 941-6325

or

197 Beverage Hill Avenue

Pawtucket, RI 02960

(401) 475-1173

Parents(s) or Legal Guardian(s) ("Parent"):

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Primary Telephone Number: _____

Other Telephone Number: _____

Mobile Phone or Beeper: _____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Primary Telephone Number: _____

Other Telephone Number: _____

Mobile Phone or Beeper: _____

To provide childcare for:

Child's Name: _____

Nickname: _____

Date of Birth: _____

Sex: _____

Child's Name: _____

Nickname: _____

Date of Birth: _____

Sex: _____

Child's Name: _____

Nickname: _____

Date of Birth: _____

Sex: _____

EL BEBE Before & After School Program

1396 Broad Street
Providence, RI 02905

Permission Form

Start Date			
School Attending			
Grade Level			

I HEREBY GIVE PERMISSION FOR MY CHILD:

Name: _____ Age: _____ D.O.B: _____

Address: _____ Phone #: (____) _____

to participate in the **EL BEBE Before & After School Program** activities and field trips. I understand that participants are required to attend all scheduled event and activities. I understand and agree that my child must obey the instructions provided by the staff/chaperones and others in charge and that he/she shall not, at any time, leave the programmed itinerary on his/her own without supervision.

Medical Release: If my child becomes ill or suffers an injury, I hereby give permission for the **EL BEBE Before & After School Program** staff in charge to obtain necessary medical treatment for him/her. Please list your child's allergies or any other medical conditions that you are aware of as well as any medications required:

Photo Release: I give / do not give (*circle one*) my permission for photographs of my child to be published.

Liability Waiver: I understand and agree that the director and board of directors of the **EL BEBE Before & After School Program** and others in charge will not be held responsible nor will I seek to hold them liable for any accidents or injuries that may occur during the course of any program, event or trip.

School Records Waiver: I hereby give permission for my child's school (*Providence School Department* or other) to release, to the **EL BEBE Before & After School Program**, *attendance and academic records* for the period of time that my child is enrolled in the **Before & After School Program**. I also agree to provide a copy of my child's report card to the **Before & After School Program** staff on a quarterly basis.

Volunteer Agreement: I hereby agree to *volunteer four (4) hours a month working in some capacity with the karate Program or to participate in a quarterly parent/child Community Service Project.*

Agreement: By signing below, I hereby acknowledge that I have read, understood and agree with all of the above which constitutes the entire agreement between myself and the **EL BEBE Before & After School Program** and that I am authorized to sign this agreement, as parent and/or legal guardian of the child named within.

PARENT SIGNATURE: _____ Address: _____

Home Phone: (____) _____ Work: (____) _____

IF AN EMERGENCY SHOULD OCCUR AND I CAN'T BE REACHED, PLEASE CONTACT:

Name: _____ Address: _____

Home Phone: (____) _____ Work: (____) _____

Relationship: _____

(No one may attend a field trip unless they are registered in the Karate Program.)

The undersigned Parent(s) hereby gives EL BEBE DAYCARE CENTER permission to care for the above child(ren) in accordance with this Contract. In consideration of the mutual agreements and covenants contained in this Contract, the parties agree to the following:

1. CONTRACTED HOURS. The Provider shall provide childcare services and the Parent(s) shall pay for such services as follows:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

This schedule shall be in effect unless terminated sooner by one of the parties in accordance with this Contract.

The Parent(s) shall pay child care fees based on the above schedule at the rates specified below.

2. FEES

Childcare fees are strictly based on the scheduled hours of contracted childcare services. EL BEBE DAYCARE CENTER will not adjust childcare fees for late arrival, early pickup, or missed days.

Fees for Full-Time Child Care:

Childcare fees for full-time prescheduled childcare are \$275.00 per Child. Full-time childcare is defined to be 8 hours or more hours per day.

Fees for Three Quarter -time:

Childcare fees for Three Quarter -time prescheduled childcare are \$177.00 per week. Three quarter-time childcare is defined to be less than 35 hours per week. Parents may vary part-time childcare hours if two weeks advance notice is provided to EL BEBE DAYCARE CENTER.

Fees for Preschool- Full -Time Child Care:

Fees for Preschool- Three Quarter-Time Child Care:

Childcare fees for Quarter-time prescheduled childcare are \$155.00 per Child. Quarter-time childcare is defined to be 2 hours or more hours per day.

School Age Care (Children 1st grade up to 13 years of age and Youth Care 13 up to 16 years of age:

Fees for Full-Time Summer School Vacations Care:

School Age & Youth care fees for full-time prescheduled childcare are \$275.00 per Child. Full-time childcare is defined to be 8 hours or more hours per day.

Fees for School Age & Youth Care Three Quarter -time:

Childcare fees for Three Quarter -time prescheduled childcare are \$177.00 per week. Three Quarter -time childcare is defined to be less than 35 hours per week. Parents may vary part-time childcare hours if two weeks advance notice is provided to EL BEBE DAYCARE CENTER.

Fees for Fees for School Age & Youth Care Half -Time:

Childcare fees for Half -time prescheduled childcare are \$147.00 per Child. Half-time childcare is defined to be 4 hours or more hours per day.

Fees for Fees for School Age & Youth Care Quarter-Time:

Childcare fees for Quarter-time prescheduled childcare are \$125.00 per Child. Quarter-time childcare is defined to be 2 hours or more hours per day.

Fees for School Age & Youth Before School Care: \$125.00

Fees for School Age & Youth After School Care: \$185.00
than 1 day, \$56.00 per hour.

3. TIMING AND METHOD OF PAYMENT. The Parent(s) shall pay child care fees on or before the _____ day of each _____. Payments may be made by _____. In addition, if fees are not paid in full and on time, the Parent(s) agrees to pay a \$1.00 per day late fee. If fees are not paid within 7 days, the child (ren) will not be allowed to attend the facility until payment is received in full.

The Parent(s) agrees to pay a \$45.00 fee for all checks returned unpaid. If a check is returned unpaid, all future payments by the Parent(s) shall be made in cash.

If any payment obligation under this Contract is not paid when due, the Parent(s) agrees to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

6. REGISTRATION FEE. The Parent(s) shall pay \$80.00 per child as an initial registration fee when this Contract is signed. The registration fee will be applied to expenses at the Day Care

7. OVERTIME FEES. The Parent(s) agrees to pay overtime fees of \$1.25 per minute if the child(ren) is not picked up by the scheduled time as noted above. If the child(ren) is not picked up within 5 minutes after the scheduled time, the per minute overtime fee will start accruing from the scheduled time. This overtime fee shall be paid when the Parent(s) picks up the child(ren).

8. TRIAL PERIOD AND TERMINATION OF CHILD CARE. The first week of enrollment in EL BEBE DAYCARE CENTER's facility is considered a "trial period." Child care may be terminated by either the Provider or the Parent(s) during this trial period without advance notice. After the trial period has passed, child care may be terminated by the Provider or the Parent(s) only by providing the other party with two weeks advance written notice. If the Parent(s) fails to provide two weeks advance written notice, the Parent(s) agrees to pay the regular scheduled fees for the two weeks or portion of such payment immediately after such notice during which the Provider had no notice of such termination.

EL BEBE DAYCARE CENTER retains the right to terminate this Contract without notice for the following reasons:

All terminations of this type can be made effective immediately.

9. AUTHORITY TO PICK UP CHILD. The following person(s) has authority to pick up the child(ren):

Name: _____
Name: _____
Name: _____
Name: _____

The Parent(s) shall inform EL BEBE DAYCARE CENTER in advance if someone other than the Parent(s) or person(s) listed above will pick up the child(ren).

The following person(s) does not have authority to pick up the child(ren):

Name: _____
Name: _____

10. EMERGENCY CONTACTS. In case of an emergency, EL BEBE DAYCARE CENTER will first try to reach the Parent(s). If the Parent(s) cannot be reached, EL BEBE DAYCARE CENTER will then contact the following person(s) in the order listed below:

Name: _____
Relationship: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Place of Employment: _____
Primary Telephone Number: _____
Other Telephone Number: _____

Name: _____
Relationship: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Place of Employment: _____
Primary Telephone Number: _____
Other Telephone Number: _____

11. MEDICAL TREATMENT. If the child(ren) becomes ill, EL BEBE DAYCARE CENTER will first try to reach the Parent(s). If the Parent(s) cannot be reached, EL BEBE DAYCARE CENTER may contact the child(ren)'s physician:

Name of Physician: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Telephone Number: _____

EL BEBE DAYCARE CENTER is authorized to provide the physician or a representative of the physician with the following medical information:

Hospital Preference: _____
Insurance Company: _____
Policy Number: _____
Name of Policy Holder: _____

In case of a medical emergency, EL BEBE DAYCARE CENTER shall obtain the necessary emergency medical care for the child(ren), including but not limited to transportation to an emergency room. The Parent(s) agrees to pay all costs and expenses incurred in connection with any medical care provided to the child(ren), including the cost of transportation.

12. SICK CHILD POLICY. If the child(ren) exhibits any of the symptoms listed below, the child(ren) shall not attend the child care facility until the symptoms are no longer exhibited or unless the Parent(s) has obtained a statement from the child's doctor stating that the child is not contagious. The final decision as to whether a child will be admitted to the child care facility will be made in the sole discretion of the Provider.

If the child(ren) exhibits any of these symptoms while present at the child care facility, the Parent(s) will be notified and shall immediately remove the child(ren). The child(ren) may be isolated from the other children at the child care facility until the Parent(s) arrives.

EL BEBE DAYCARE CENTER agrees to notify the Parent(s) of any contagious diseases about which the Provider has knowledge that the child(ren) may have been exposed to while at the child care facility.

The Parent(s) agrees to inform EL BEBE DAYCARE CENTER of any illness or problem of the child(ren) that might affect other children at the child care facility.

The Parent(s) agrees to provide a medical report describing the child(ren)'s personal medical history to EL BEBE DAYCARE CENTER prior to the child(ren)'s first day of care.

The Parent(s) shall be responsible to arrange for alternate care if the child(ren) is unable to attend as provided in this Contract. Child care fees may be adjusted for the days a sick child does not attend the child care facility. If a physician's note is provided, child care fees for the relevant day(s) shall be reduced by 0.00 percent for each full day the child(ren) is absent.

13. ITEMS SUPPLIED BY PARENT(S). The Parent(s) shall provide the following items to EL BEBE DAYCARE CENTER for the benefit of the child(ren) whenever reasonably requested by EL BEBE DAYCARE CENTER: extra change of clothing.

In addition, EL BEBE DAYCARE CENTER may request that the Parent(s) supply a specific item for the benefit of the child(ren) from time to time. If the Parent(s) has failed to supply the item within a reasonable period of time, then EL BEBE DAYCARE CENTER may purchase the item and the Parent(s) agrees to reimburse the Provider for the reasonable cost of the item.

14. ITEMS SUPPLIED BY EL BEBE DAYCARE CENTER. EL BEBE DAYCARE CENTER will provide meals for children with special dietary needs. The parent will be responsible for reimbursing EL BEBE DAYCARE CENTER for all extra costs involved with providing and preparing the special dietary meals.

All meals provided by EL BEBE DAYCARE CENTER are intended to comply with the United States Department of Agriculture's nutritional guidelines.

15. SUBSTITUTE CHILD CARE. If EL BEBE DAYCARE CENTER is temporarily unable to provide child care services due to reasons beyond its reasonable control, EL BEBE DAYCARE CENTER may, but has no obligation to, arrange for a substitute child care provider with qualifications similar to the Provider's. EL BEBE DAYCARE CENTER will use its best efforts to provide the Parent(s) with reasonable advance notice of the need for such substitute care, the name of the substitute provider, and the hours that the substitute will provide care. The Provider will provide the Parent(s) with a list of substitute child care providers upon request.

16. HOLIDAYS/VACATIONS. EL BEBE DAYCARE CENTER will **NOT** provide child care on the following federal holidays:

September	Labor Day
October	Columbus Day
November	Veterans Day
December	Thanksgiving Vacation
December	Christmas Vacation
January	Martin Luther King
February	Presidents Day
April	Good Friday
May	Memorial Day
July	Independence Day

The child care fees will be adjusted for the holidays during which EL BEBE DAYCARE CENTER facility is closed. In addition, EL BEBE DAYCARE CENTER will **NOT** provide child care on the following days: Sundays.

EL BEBE DAYCARE CENTER's facility will be closed for the provider's vacation on the following day: last week of December. The child care fees will be reduced proportionately for the days during which the provider is on vacation. The parent is responsible for arranging alternate child care during the provider's vacation.

The Parent(s) is responsible for arranging for alternate child care for closings when the Provider is attending training classes and for emergency closings due to severe weather. The child care fees will be reduced proportionately for the days during which EL BEBE DAYCARE CENTER's facility is closed.

The parent is responsible for arranging for alternate child care for closings when the provider is attending training classes and for emergency closings due to severe weather.

The parent must provide EL BEBE DAYCARE CENTER with two weeks advance written notice of expected family vacations. The child care fees will be adjusted for the time period that a child does not attend because of a family vacation. If timely notice is provided, the child care fees will be reduced by 50.% for the period of time that a child is on vacation with his/her family.

17. MODIFICATION OF TERMS. EL BEBE DAYCARE CENTER shall be entitled to change any of the terms in this Contract, including but not limited to fees, by providing the Parent(s) with two weeks advance written notice of such changes.

18. DAMAGE TO PROPERTY. Children are expected to treat all property located at the facility with respect, including but not limited to toys and furniture. The Parent(s) agrees to pay for the accidental or willful destruction of any property located at the facility, whether owned by EL BEBE DAYCARE CENTER or any other person, at the replacement cost, if such destruction was, in the sole opinion of EL BEBE DAYCARE CENTER, caused by the child.

19. DISCIPLINE. EL BEBE DAYCARE CENTER will explain the rules of the childcare facility to all children under his/her care, as appropriate. When a child understands the rules but chooses not to follow the rules, then EL BEBE DAYCARE CENTER may discipline the child using age-appropriate techniques, which consist of the following: Ages 5 to 8 will receive time out. Ages 9 to 16 will receive verbal warning, secondly a written warning follow with a suspension if child does not obey first two warnings. If necessary, EL BEBE DAYCARE CENTER will discuss other options with the parent.

20. CONSTRUCTION. Words and phrases in this Contract shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context.

21. SEVERABILITY. If any provision of this Contract is found invalid, the parties agree to sever the invalid portion of the Contract while the remainder of the Contract remains valid and enforceable.

22. BINDING EFFECT. This Contract shall be binding on and shall inure to the benefit of the parties and to the executors, personal representatives, heirs, and successors of the parties.

23. AMENDMENT, MODIFICATION, AND WAIVER. Except for changes initiated by the Provider as permitted in this Contract, no amendment, modification, or waiver of any condition, provision, or term in this Contract shall be valid or of any effect unless made in writing, signed by the parties and specifying with particularity the extent and nature of such amendment, modification, or waiver.

24. MERGER. Prior agreements made by the parties are deemed to be merged into this Contract.

25. ASSIGNMENT. Neither party may assign its interest under this Contract except that the Provider may assign its interest to an entity controlled by EL BEBE DAYCARE CENTER.

26. GOVERNING LAW. This Contract shall be construed and enforced in accordance with the laws of Rhode Island.

By signing this Contract, the undersigned represents that the undersigned has understood and agreed to the terms and conditions of this Contract. Breach of this Contract in any way by the Parent(s) may result in immediate termination of child care services.

**El Bebe Day-Care Center
1396 Broad St.
Providence, RI, 02905
(401)-226-1300**

EL BEBE DAYCARE CENTER

(Name of Parent/Guardian)

(Name of Parent/Guardian)

By signing this Contract, the undersigned represents that the undersigned has understood and agreed to the terms and conditions of this Contract. Breach of this Contract in any way by the Parent(s) may result in immediate termination of child care services.

**El Bebe Day-Care Center
1396 Broad St.
Providence, RI, 02905
(401)-226-1300**

TRANSPORTATION CHANGE, DAYCARE, AND/OR ADDRESS FORM

El Bebe Day-Care Center – (401)-941-6325

Daycare arrangements and changes must be in writing, using this form and **will take at least one week to go in effect.**

Please return this **Form** to **El Bebe Day-Care Center** or Fax to (401)-490-2032. Please remember to sign and date the form at the bottom as this is required to process your request.

School Transportation Information

Date:

Parent Information Daycare Information

School:

Daycare: El Bebe Day-Care Center

Student:

Driver:

Drivers License number:

Grade:

Phone:

Parent(s) Name:

Address:

Home Phone:

Emergency Phone:

2nd Emergency Phone:

Afternoon pick up from:

Afternoon drop off: Home ___ or Daycare___

(Parent's Signature)

Purposefully left blank

All About Me

Child's Name _____
I have ____ brothers & ____ sisters, their names and ages are: _____

How would you describe your child's personality? _____

~~~~~

Has your child been in childcare before? ( ) yes ( ) no If yes, please give last childcare provider, or daycare center's information:

Dates attended: from \_\_\_\_ to \_\_\_\_ why was care terminated? \_\_\_\_\_

~~~~~

Does your child have a regular bedtime schedule? () yes () no what time does

Your child usually goes to bed at night? _____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping? ____ Night Terrors? ____ Trouble going to sleep? ____

What time(s) and for how long does your child usually nap? _____

Is your child toilet train? () yes () no

~~~~~

Has or does your child have any known health problems? ( ) yes ( ) no If yes,

Describe: \_\_\_\_\_

Does your child need regular medication? ( ) yes ( ) no

If yes, please specify medication name and time given? \_\_\_\_\_

Does your child have any known allergies? ( ) yes ( ) no

please list allergens: \_\_\_\_\_

If yes,

Special instructions in case of an allergic reaction: \_\_\_\_\_

Are there any indications of hearing or vision problems? \_\_\_\_\_

Has your child had any recent illnesses? ( ) yes ( ) no if yes, describe: \_\_\_\_\_

Does your child have any physical or mental disabilities? ( ) yes ( ) no If yes,

Explain: \_\_\_\_\_

~~~~~

What is your child's eating habits? (Mind trying new things, times usually eat, Etc.) _____

Does your child have a special diet? _____ Due to your child's tastes,

Allergies, reactions, and/or religious beliefs, are there any foods that should not be served to your child? () yes () no

Please list these foods: _____

Favorite foods: _____

Strong dislikes: _____

~~~~~

Parent's signature: \_\_\_\_\_

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

# Automated Payment Processing

## Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY SECTION A (Credit Card)

|                                |         |      |       |         |
|--------------------------------|---------|------|-------|---------|
| Cardholder Name                |         |      |       | Phone # |
| Cardholder                     | Address | City | State | Zip     |
| Account Number Expiration Date |         |      |       |         |
| Cardholder Signature Date      |         |      |       |         |

#### SECTION B (Bank Account)

|                           |         |       |                |     |
|---------------------------|---------|-------|----------------|-----|
| Your Name                 |         |       | Phone #        |     |
| Address                   | City    | State | Zip            |     |
| Bank or Credit Union Name | Address | City  | State          | Zip |
| Routing Transit Number    |         |       | Account Number |     |
| Authorized Signature      |         |       | Date           |     |

**A service of  
For Official Use Only  
Date Received**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
Copyright ProCare Software 3/15/16