

BLOOMING BUTTERFLIES

Provider Details:

Full Name: Ami Patel
Home Address: 90 Sterling St, Unit N, West Boylston, MA 01583
Telephone: +1 (267) 402 - 6312
Email: bloomingbutterflies1@gmail.com
License #: 9081730

Enrollment Contract

This contract is made between Ami Patel and _____ (Guardian Name) for the care of
_____ (the "Child name").

Guardian Information:

Guardian 1:

Full Name: _____
Home Address: _____
Telephone: (_____) - _____ - _____
Email Address: _____
Employer: _____
Employer Address: _____
Relation to Child/ren: _____

Guardian 2:

Full Name: _____
Home Address: _____
Telephone: (_____) - _____ - _____
Email Address: _____
Employer: _____
Employer Address: _____

Relation to Child/ren: _____

Child Details:

Full Name: _____

Date of Birth: _____

Schedule, Care & Fees

Schedule:

The childcare schedule will be:

Monday:

Tuesday:

Wednesday: _____

Thursday:

Friday: _____

Start Date:

The first day of care will be: / /

Fee: The fee for childcare is \$ per week.

Payment Terms: All payments will be due weekly and collected Thursday for the prior week of care electronically through KidKare . To confirm enrollment, a 2-week non-refundable deposit of (\$) is required. This deposit will be applied as a registration fee and security deposit for care of service. Late payment penalty: if for any reason a payment fails or has insufficient funds and cannot be collected, a late payment fee of \$25 per day will be charged.

Overtime and Early and Late Fees Terms:

Overtime is any time outside of the above schedule time and will be billed at a rate of \$10 per 10 minutes for late pick up, or early drop off and aftercare fee of \$20 per day/hour upon request. In the event that you are going to be late or early, I ask that you contact me immediately with advance notice.

Term and Condition:

The families agree to pay this weekly tuition fee every week, for the duration of this contract, regardless of whether the child is in attendance. This includes days the child is sick to attend, family vacation days.

The program will be closed for all federal & state business holidays in MA. In addition, I will be closed on: NEW YEARS EVE, NEW YEARS DAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING DAY, The DAY BEFORE/ AFTER THANKSGIVING, CHRISTMAS EVE - CHRISTMAS DAY. (See Additional Days on Blooming Butterflies Calendar).

The provider may also close the program due to inclement weather.

The provider will take up to ten vacation days and ten personal days due family needs, illness, or professional development per calendar year. The families will pay the normal rate of tuition for these vacation and personal days. The provider will give families 30 days of notice when they plan on to take the vacation and advance notice for personal days. The families are responsible for alternative childcare arrangements during these days.

Termination:

The provider may terminate this contract at will by 1 week of written notice to the families. Payment is due for the notice period whether or not the child attends the program.

LEAVING THE PROGRAM

I do require that you give me a two-week notice (in writing) if you intend to withdraw your child from the program. If a two week notice is not given by the families then a two week of tuition will be require to be paid before leaving the program.

Signature:

By signing this contract, families indicate that they have read the Enrollment Contract and Parent Handbook and agree to follow them.

Provider:

Name: _____

Signature: _____

Date: ____/____/____

Guardian 1:

Name: _____

Signature: _____

Date: ____/____/____

Guardian 2:

Name: _____

Signature: _____

Date: ____/____/____