

Garden City Childrens Center



323 Elliott Street, Beverly, Ma 01915
978-927-9898

PARENT/CENTER CONTRACT FOR SERVICES

My child (ren) _____ will be attending Garden City Childrens Center for services beginning _____.

A _____ HALF / FULL DAY Childcare slot will be provided for a fee of _____ per week and will be payable in advance on Friday for the coming week of childcare. Any payments received later than Friday of the week prior to childcare will automatically be charged a late fee of \$25 to be included in the next payment. Please note that there is typically a tuition increase every Sept 1st and rates mentioned in this contract may not reflect this increase.

The director must be notified in writing at least 48 hours in advance for any changes in your child's schedule for the current week. A two week written notice is required in advance of any permanent changes such as schedule changes or termination. Any pick up beyond your scheduled pick up time, a late fee of \$20 will be charged for the first 10 minutes and \$1 for every minute thereafter. After the 3rd late pick up, the center will consider suspending or terminating child care services.

Parents must provide a current health history (including immunizations) and all necessary enrollment forms before childcare can begin. All forms need to be updated and resigned yearly.

Please have your child's pediatrician provide consent for administration of Tylenol, Ibuprofen and Benadryl on an as needed basis. This consent form will be valid for one year from the date signed.

I have received the parent handbook and understand the programs information, policy and procedures. I have been informed of the goals of the overall program. I am aware that I may be informed of specifics through a center newsletter, notes home, The GCCC Facebook page, Remind app or emails.

I agree to notify GCCC staff at my child's daily drop off, of any health/illness or nutritional concerns regarding my child for the day. This includes but is not limited to a rash, teething, fever and allergies. If my child has a fever, I understand he/she must remain home until they are fever free WITHOUT MEDICATION for a **24 hour period**.

When Covid 19 state guidelines are in effect, all parents/guardians must follow additional Covid 19 guidelines including, but not limited to, a daily intake form to be completed before children can enter the childcare premises.

In order to ensure that a slot will be held for your child, please sign and return this contract and include the enrollment fee of \$100 per child along with two weeks tuition per child. The two weeks tuition will be applied to your child's last two weeks of childcare. All enrollment Fees and the two weeks tuition fees are all non refundable.

The total due to hold this childcare slot is \$ _____

My child(rens) schedule will be: (please check days and chose A or B for drop off/pick up times. (Only choose 1)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ <>

A. 7:15am – 4:15pm or B. 7:45am - 4:45pm

X _____
Parent signature

X _____
Date

X _____
Director signature

X _____
Date

