



Child Care Agreement

This agreement is made between _____ and _____
Parent(s)/ Guardian name
 the provider **EXPLORIS LEARNING ACADEMY Lic. C09OR1043** for the care of the following child:

Child's name _____ Date of Birth _____
 The payment for care shall be \$ _____ per: Week Day
 reflects a schedule as follows:

Check days of Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

The payment of the weekly tuition is for the right of the spot, not for attendance

The above time and days are flexible. Yes <input type="checkbox"/> No <input type="checkbox"/> Other Fees \$ _____ Description _____	Source of Payment <input type="checkbox"/> Parents <input type="checkbox"/> Other (Specify) _____
---	--

Registration Fee

Full Time/Part Time Per Child \$160.00 - Per Family \$125.00
 Annual Re-Enrollment* Per Child \$70 Per Family \$85

*Due August 1st; waived after 3 years of continuous enrollment

Methods of Payment

Payment is due to *Exploris Learning Academy* in advance of care and paid on **Mondays**. Accepted methods of payment include personal check, debit/credit card, or money order. If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$35.00 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment.

If a payment is not made on time, the following fee will apply: \$10.00

If parent is going to be late picking up the child, every effort must be made to contact the provider. A late pick up fee of \$10.00 for the first 10 minutes and \$1.00 per minute thereafter.

Overtime rates are as follows:

For the purpose of this contract, overtime rates are considered any amount of time that care occurs prior to the scheduled drop off time or after the scheduled pick up time.

With advance notice by the parent and approval by the provider, the provider agrees to provide overtime care at a rate of \$15 per hour. Whiteout notice late pick up fee applies.

Sick days

When a child is ill, the parents are expected to make every effort to give the provider as much notice as possible. Parents are expected to pay on child sick days.

Free VPK – 4C Co-Payments

Families using the state subsidy program (Free VPK – 4C) are responsible for paying any and all amounts not covered by

Payment during Family Vacations

Each family will receive 1 week’s vacation tuition free per year. If you plan on keeping your child out of care for longer than 1 week, tuition must be paid up front for the remaining vacation period in order to hold your child’s slot.

Holidays

Exploris Learning Academy will be closed on the following PAID holidays. Please arrange for alternative care on those days: New Year’s Eve and New Year’s Day, Good Friday, Memorial Day (Observed), Independence Day, Labor Day (Observed), Thanksgiving and the Friday after it, Christmas Eve and Christmas Day.

Termination Procedures:

This agreement may be terminated by the parent(s) or the provider. A two (2) weeks’ notice prior to the last date of care is required.

The provider may immediately terminate this contract without any notice if payment is not made on time.

I agree to promptly notify Exploris Learning Academy of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Exploris Learning Academy.

Parent / Guardian Signature Date

Parent / Guardian Signature Date

I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.

Director Signature Date

2517 Curry Ford Rd - Orlando FL 32806