



# Bright Morning Star Daycare

## Contract

I \_\_\_\_\_ have reviewed this application/handbook prior to starting care. The Director/assistant director has provided me with an overview of this handbook. I understand each of the policies and will review them periodically to ensure that I am within the guidelines of the school policies. I have also received the health records form, emergency medical care form and discussed the discipline policy. I understand all forms are to be completed prior to starting care.

I agree to enroll \_\_\_\_\_, in Bright Morning Star Daycare, LLC beginning, \_\_\_\_\_. The charge for care of my child is \$\_\_\_\_\_ per week. I understand that all payments are handled via Tuition Express (automatic withdrawal). Payment will be processed on Wednesday prior to payment week. If the payment date falls on a holiday or at a time when I am going on vacation or the school is closed, it is due the day prior. I understand that vacation time for me is paid time for childcare. I further understand that closure dates for the school are paid days and payment is due as scheduled under this contract. If service is terminated by me, I understand I must provide a written notice of 30 business days. If notice is not given, I will pay for those weeks of service. I understand if pre-registering my space is being held and guaranteed for the start date provided. Therefore, if I terminate prior to starting care, I understand that all fees paid are nonrefundable. My payment arrangement begins the week prior to my start date. Any adjustments to my start date will not change payment schedules. Further, I understand that the childcare rate is subject to change under this agreement.

My scheduled payment arrangement is:      Weekly\_\_\_\_\_      One time \_\_\_\_\_

Payment method: **Curacubby**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\* Are there any other persons responsible for paying this account other than person signing this agreement?    ( ) yes    ( ) no If yes, please fill below**

Name: \_\_\_\_\_ address: \_\_\_\_\_ phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_