

Child's Play - Tax ID# on File  
Family Day Care – License# on File  
Rachel Griffin, Licensed Day Care Provider  
8 Coolidge Avenue  
Beverly, MA 01915  
978-969-5552  
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**Contract**

The following agreement is made between Child's Play and \_\_\_\_\_  
Care Giver(s)

for the care of \_\_\_\_\_  
Child(ren)

The weekly payment for child care shall be \$\_\_\_\_\_ for the above mentioned child(ren) for the following schedule. If availability allots the child(ren) may increase per diem day(s) but are unable to substitute days.

If my child(ren) does not attend day care, arrives late or leaves earlier than the scheduled arrangement for any reason on his/her scheduled day(s) I agree to pay Child's Play in full.

Business Hours: 8:00 a.m. – 5:00 p.m. Do Not ring door bell in the morning or during nap time. Knock lightly on the front door as child(ren) may be sleeping.

Child: \_\_\_\_\_ Schedule/Hours: \_\_\_\_\_ Effective: \_\_\_\_\_ Child: \_\_\_\_\_ Schedule/Hours: \_\_\_\_\_ Effective: \_\_\_\_\_

Monday \_\_\_\_\_ Monday \_\_\_\_\_

Tuesday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Friday \_\_\_\_\_

**Deposit**

One week registration deposit has been made to reserve a spot. The deposit will be applied towards the child's last week in day care. The deposit is non-refundable if you cancel prior to admission.

**Payment Procedure**

Weekly payments, made payable to Child's Play, are due upon drop-off on the first scheduled day of day care. Late payments will be assessed a late fee of \$10.00.

**Initials**

Provider \_\_\_\_\_ Care Giver \_\_\_\_\_ Care Giver \_\_\_\_\_ Page 1

**Late Pick-up**

Tardiness will result in financial compensation due upon pick-up.

**Returned Checks**

A charge of \$20.00 will be assessed for any returned checks.

**Property/Other Damages**

Damages in the sum of over \$50.00 incurred by my child are the care giver(s) responsibilities.

**Vacation**

I require two weeks paid vacation per calendar year. Upon withdrawal any earned vacation time will be applied towards the thirty-day notice. If my child is absent from day care for any reason I agree to pay in full for all absent scheduled days.

**Sick/Personal Days**

I require 4 paid sick/personal days per calendar year.

**Bereavement Days**

I require 1 week paid bereavement days for an immediate family member’s death.

**Emergency Policy**

The caregiver assumes all financial responsibilities for medical transportation.

**Jury Duty**

Payment is required for jury duty obligations.

**Withdrawal**

I require a thirty-day notice. If you remove your child prior to the thirty-day notice I require pay for that time.

**Termination**

- Failure to complete required forms
- Failure to follow illness policy
- My inability to meet the child(ren’s) need(s) without additional staff
- Full-time day care children have first preference to fill slots
- Failure to comply with confidentiality policy
- Inability to comply with policies and procedures outlined in the handbook
- Failure to abide by contract

Care Giver(s) agree to abide by the outlined policies of the provider. The provider may amend the policies at any time by giving the care giver(s) a document of the new or revised policy at least two weeks prior to the effective date.

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Rachel Griffin, Provider Date

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Care Giver(s) Date Page 2