

CONTRACT FOR SERVICES
Buda Methodist Child Care Center

This is a contract between _____ (Parents Name) and BMCCC for the child care of _____ (Child's Name) for five days per week, Monday through Friday.

_____ (Child's Name) will not be brought to the center before 6:45A.M. and will not be picked up later than 6:00 P.M.. If _____ (Child's name) is absent one day the fee is the same. There is a mandatory two-week written notice required for the Center if you are planning to withdrawal your child. If the two-week notice is not given, **you will be billed**

whether or not your child is at school. I/We _____ (Parent's Name) understand that this means that if I do not give a two-week notice, that I still have to pay for the two weeks to follow my child leaving the center, or if I do give two weeks notice but do not bring my child back to the center I understand that I still have to pay the two weeks. This will be collected by the center by not refunding our 1/2 a month deposit that was put down at enrollment.

_____ (Parent's Name) will provide proof of complete medical checkup and current immunizations. After _____ (Child's Name) has been absent due to serious illness, _____ (Parent's Name) will provide BMCCC with a release from a medical authority before the child can return to the child care services. _____ (Parent's Name) understands that this is a legal contract between BMCCC and myself/ourselves and that if payments are not made or if I leave the center with no notice and failure to make payment of the two weeks to follow that my deposit will not be refunded and if there are any other outstanding balances, I will be turned in to the centers collections agency and will be responsible for any additional cost that may accrue with the collections agency.

Signature of Parent

Date

Signature of Director

Date