

# Marina Home Daycare

3019 N. 28<sup>th</sup> Street • Boise, Idaho 83703 • (208) 343-9658

## PROVIDER-PERENT CHILD CARE AGREEMENT

The payment should be: \_\_\_\_\_ per month paid on the 1<sup>st</sup> and 15<sup>th</sup>.

A late charge of \$10.00 per day will be added to the over-due balance, including Saturday and Sunday.

The first two weeks to be paid in advance plus \$75.00 registration fee per family.

Payment shall be due in full and available on date agreed upon. No exceptions. If account has insufficient funds a charge of \$35.00 will be applied to your bill. After second occurrence of insufficient funds payment must be made in cash only.

People on ICCP are responsible to get their paperwork in before the end of each month, or they will be charged a late charge for late checks.

Care shell normally be provided from \_\_\_\_\_ am to \_\_\_\_\_ pm on these days:  
(circle all that apply)

MONDAY TUESDAY WEDNSDAY THURSDAY FRIDAY

## TERMINATION PROCEDURE

This contract may be terminated by either the parent or provider by submitting a written notice one month prior to the ending date. Payment by the parent is due for the notice period regardless of the child's presence in the daycare. The provider may terminate the contract without notice if the parent does not make the payment when due. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

## SIGNATURES

By signing this contract, parents agree to abide by the policies and conditions of the providers contract. The provider may at any time amend these policies by giving the parent the amended policies two weeks prior to going into effect.

Provider's signature: \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date \_\_\_\_\_

Social security #: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date \_\_\_\_\_

Social security #: \_\_\_\_\_

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## MEDICAL CONSENT

I, \_\_\_\_\_, give my permission for daycare provider(s), \_\_\_\_\_, to administer medication as instructed to \_\_\_\_\_ while in the daycare.

I also authorized Marina Home Daycare to secure emergency medical/surgical treatment from a licensed physician/hospital for my child \_\_\_\_\_ should it be deemed necessary. I understand that all reasonable efforts will be made to contact me in the event of an emergency situation. I agree that I am responsible for the expense of any such emergency.

I am aware that Marina Home Daycare does not provide liability insurance for the children in the daycare.

## AUTHORIZATION FOR TRANSPORTATION

I, \_\_\_\_\_, hereby authorize Vitaliy Autin or Elena Autin to  
(Child's parent)  
provide transportation in a private or public vehicle for my child, \_\_\_\_\_  
for the purpose of daycare activities.

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Medical insurance, company name and #: \_\_\_\_\_

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Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Special needs, allergies, etc.: \_\_\_\_\_

\_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

## IN CASE OF IMMURGENCY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Name of people authorized to pick up the child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Hours:** 7:00 a.m. to 6:00 p.m.

**Rates:** \$\_\_\_\_\_ per month      All rates are per child  
A late fee of \$5.00 per five-minutes  
After 6:00 p.m.

**Provided:** Nutritious meals and snacks.  
Play equipment, books and toys.  
Pre-school program for education.

Children must be changed and dressed before entering the daycare each day. You are responsible for supplying diapers, wipes, Desitin, bottles, etc. and an extra change of clothes if needed. If daycare has to provide any of these items a charge of \$5.00 per day will be added to the bill.

**Meal Times:** Snack: 9:00 – 9:15  
Lunch: 11:30 – 12:00  
Snack: 4:00 – 4:15  
Please be sure that your child has had a proper meal if you miss a meal time.

**Vacation:** If daycare closes you will not be charged for our vacation time. We will also help find a substitute daycare. If you choose to take a vacation you will still be required to pay for your child's position.

**Days Closed:** Martin Luther King Jr.  
Memorial Day  
July 4<sup>th</sup>  
Labor Day  
Thanksgiving Day and the day after  
The week between Christmas and New Year

Also two weeks vacation will be scheduled which will be announced at a later date.

## **Please Bring**

1. A blanket that will be left at the daycare and returned every Friday to be washed.
2. Babies: For the comfort of your child make sure that there is Tylenol or teething lotion left in their basket at all times.
3. A change of clothes is to be left in case of accidents. This should be put in a bag with the child's name on it, or in your bag.

