



2011-2012

Contract For Childcare

- Hartford HASP Lebanon DBS Claremont OQS
- Kid Connection Disnard Maple Bluff

Child's Schedule

Child's Name _____

Date of Birth _____

Parent's Name _____

Start Date: _____

	Contract Day (Y/N)	Drop Off Time	Pick Up Time
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			

I/We agree to notify the Site Director of any changes needed in this contract immediately.

Tuition & Payment Information

Payment is due on Monday in advance of care.

I prefer to be billed: _____ Weekly _____ Bi-Weekly (starting date____) _____ Monthly

I prefer to pay via: _____ ACH Debit _____ Check (\$2/month fee for check payment)

Amount due per schedule & billing cycle indicated above: _____

Email address I prefer to receive statements at: _____

NH Scholarship Recipients: You will receive a separate Service Agreement which will outline your weekly fees once you are linked to our program.

Please see the attached fee policy for contract amounts. Please be advised that the Board of Directors reserves the right to alter the contract amounts at any time. Notification of such changes will be made 30 days in advance.

Parent/Guardian Signature

Parent's Signature

Site Director's Signature

Date

Date

Please review and check off each item:

- I/We agree to all of the information included in the Green Mountain Children’s Center’s (GMCC) Parent Guide.
- I/We agree to follow the GMCC Payment Policy.
- I/We agree to pay the contracted amount regardless of my child’s attendance to ensure my child’s spot following the policies in the Parent Guide regarding absences, illness, vacation or center’s closing (snow days, holidays).
- I/We agree to abide by GMCC’s Illness Policy. The center reserves the right to make the final decision if a child may attend or be excused from a classroom. I/We understand that children play outside daily and must be healthy enough to participate
- I/We agree to follow the procedures for the distribution of medication for my child as outlined in the Medicine Administration Policy.
- I/We agree to give GMCC two weeks written notice of withdrawal from the program. Withdrawal not in accordance with this policy will result in billing of one additional week of child care.
- I/We agree to abide by the program’s arrival and departure times. (See Parent Guide for center’s hours of operation). I understand that I will be charged a late fee of a dollar a minute for the first fifteen minutes and five dollars a minute thereafter.
- I/We agree to keep all information in my child’s file up to date including: Address, immunization records and emergency contact information.
- GMCC is a nut-controlled program. I/We agree to abide by the Nut-Controlled Policy and provide my child a nut-controlled lunch. If the center needs to provide a lunch, the cost will be \$5.00 per meal. (NOTE: HASP and Kids Connection are not nut controlled)
- I/We understand that communication is a key to building a positive relationship between parents and staff. I/We agree to have open communication with GMCC staff.
- I/We agree that anytime a GMCC staff person feels verbally or physically threatened by an individual, it may be cause for termination of contract or relationship with the organization.
- GMCC’s special programs are dependent on financial support through fundraising. There are various fundraising opportunities available throughout the year. All families are required to raise \$200 annually or donate 8 hours of volunteer time.
- GMCC reserves the right to revise its policies on an “as needed” basis. Families will be notified of any alterations when they occur from the Executive Director and/or the Board of Directors.

Parent/Guardian Signature

Parent’s Signature

Site Director’s Signature

Date

Date



Authorization Agreement ACH Debits

- Hartford Lebanon Claremont
 HASP DBS OQS
Kid Connection Disnard Maple Bluff

Authorization Agreement

I hereby authorize **Green Mountain Children’s Center (GMCC)** to initiate direct payments (Debits) from my account at the financial institution named below. I also authorize **GMCC** to make deposits (Credits) to this account in the event that a debit entry is made in error.

Further, I agree not to hold **GMCC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in full force and effect until **GMCC** receives a written notice of cancellation from me or my financial institution in such time and manner as to afford **GMCC** a reasonable opportunity to act on it.

Account Information

Account Holder Name(s) _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Payment Frequency: Weekly (Monday's) Bi-Weekly (Monday's Starting _____) Monthly (~ 3rd of month)

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check and return this form to your Site Director.

Any Questions please contact Lisa Poirier, Financial Coordinator at Lisa.Poirier@gmccvt.org or 802-296-2296