



Child's Name _____

Contract of Care School Age Children

Below is my child's contracted schedule of care.

Elementary School _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Time (From)					
Time (To)					

My childcare rate:

\$40/day (summer) age 6-12 or \$800 flat summer.

Before/After School \$8.00 hourly \$24.00/day (half day 3-5 hours) \$440 flat after school

I will pay:

Monthly \$_____ Bi-weekly \$_____ Weekly \$_____

I give permission to Buttons & Bows Childcare for my child to be transported. _____←

I understand and agree to pay the registration fee of \$100.00 in cash. Date of registration payment. _____←

I understand I must call by 10:00 AM if my child will not need transportation on a scheduled day. I will owe a \$20 fee per day if I do not notify Buttons & Bows that my child will not need transport. _____←

If a child is to be withdrawn from the program, a 2-week written notice and immediate final payment for the final two weeks must be given to the director. If no notice is given you will be charged for the full month tuition. _____←

All forms will be renewed yearly and I agree to keep all paperwork updated (infant feeding schedules, immunizations, emergency contacts, change of address or phone number etc.) as needed. _____←

I will inform Buttons & Bows if anyone other than those authorized will be picking up my child that day. I understand identification will be required and staff will check ID. _____←

I will keep my child home or find someone to care for my child if my child has a fever of 100.4 or greater, diarrhea or any other signs of communicable illnesses. Parent will pay for any medical treatment for illness or injury occurring in the childcare facility. No medication can be administered without written consent. _____←

If I receive the Best Beginnings scholarship, I understand that it is my responsibility to pay for any scheduled day that my child does not attend AND for any hours over my authorized hours of care. _____←

*We will have multiple schools to pick up from. Please understand we may be late to pick up your child. Please inform your child's school that they will be attending Buttons & Bows.

I understand my child's picture will be used within then facility. _____←

I have read and agree to the Buttons & Bows policy handbook _____←

This is a legal and binding contract and will be enforced under the laws and within the courts of the County of Yellowstone, State of Montana. By signing below, I/We certify that I/we have read the contract completely, understand the contract and agree to the terms and conditions of this contract as well as the "Contract of care" as it is written and will remain in effect until otherwise redone. I further understand that Buttons & Bows Childcare reserves the right to make changes to contracts and/or rules at any time to comply with state ARM or MCA changes, licensing rules or change of state rates as well as for the safety and necessary operation of the facility or as needed by the provider for operation of business and policy changes.

Parent 1 Email:_____

Parent 2 Email:_____

Parent Signature

Printed Name:

Date:

Parent Signature

Printed Name:

Date:

Director Signature

Printed Name:

Date:

