



Child's Name \_\_\_\_\_

## Contract of Care Infant

Below is my child's contracted schedule of care. Care will begin \_\_\_\_\_

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

My childcare rate-(please circle one)

\$45/day infant

\$900 flat infant

I will pay:

Monthly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

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

I agree to notify the provider **no later than 8:00 AM** if my child will be late on a scheduled day or if my child is going to be absent. \_\_\_\_\_ ←

To avoid disrupting our routine and to avoid lunch and naptime disruptions: **No children will be allowed to be dropped off after 10:00 AM unless it is for an appointment. If a child is dropped off after 10:00 and their class is off campus, parent is responsible for transporting child to off campus location.** \_\_\_\_\_ ←

If a child is to be withdrawn from the program, a 2-week written notice and immediate final payment for the final two weeks must be given to the director.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. \_\_\_\_\_←

**Any unpaid accounts will have 14 days to make payment arrangements with the director. If the family has not contacted the director, any unpaid balances will be in the possession of CBB Collections agency and the family will be responsible for collectors' fees of 33.3% of the total invoice. Payment arrangement agreements that are broken by the family will be released to CBB Collection agency within 14 days of broken contract. Collectors fees will apply. \_\_\_\_\_←**

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:**