

TEMPORARY CARE CONTRACT

Beyond "Bear" Basics Home Child Care 1315 Crisfield Dr. Oxon Hill, MD
Business: 301-567-5158 Cell: 202-251-2340
Website: www.beyondbearbasics.com

FEES, OPERATING DAYS & HOURS **INITIALS:** _____

Full Time drop in rate is \$ _____. Payments are due at the beginning of each week.
Hourly rate is \$ _____ per hour or any portion thereof. Payments are due at time of drop off.
Hourly rate for two or more siblings will be \$ _____ per hour or any portion thereof.
A \$20 deposit is required to guarantee your child's space and must be paid two days before care is needed.
Deposits will be returned as long as there are no outstanding fees due to late arrival.
Late fees: The first 20 minutes is \$10.00. If you are 21 or more minutes late the fee is \$1.00 per minute.

Payment Methods: Cash, cashiers check, or money order

Cancellation: A 24-hour cancellation notice is required or the deposit will be forfeited.

Returned checks: A \$35.00 fee will be charged for checks returned

HOURS OF OPERATION: Monday – Friday 6:00am to 5:30pm. Weekend times vary.

CLOSINGS: All federal holidays and observed days, including, but not limited to the following:

- *New Year's Day *Labor Day *Memorial Day
- *Martin Luther King Day *Columbus Day *New Year's Eve
- *Veteran's Day *Christmas Eve *President Day
- *Independence Day *Christmas Day - *Thanksgiving Day and the day after

If care is provided outside of my normal business hours, your child will be included in all family activities.

ENROLLMENT **INITIALS:** _____

- *Signed Contract
- *A copy of the Immunization Records (must be up to date)
- *Emergency Form filled out completely
- *Medication form (if it applies)
- *Ointment Form and Picture release Form (optional)
- * Field trip form (Going any place outside of my home constitutes as a field trip)
- * Formula/Breast milk for infants under 12 months of age (if not using Enfamil)
- *Restrictive foods for special diets or food allergies only, otherwise no outside food permitted. (Doctor's note is required)

All forms can be found on our website at www.beyondbearbasics.com

Please write below the dates and times care will be needed.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PARENT'S SIGNATURE: _____ **DATE:** _____

PROVIDER'S SIGNATURE: _____ **DATE:** _____

Contract expires on: _____ **INITIALS:** _____/_____