"Lana's Dwarfs" Daycare



Детский сад "Гномик"

Lana Gavrilutsa 1650 41st Avenue San Francisco, CA 94122

Phone (415) 566-9640; Fax (415) 753-5423; Email: laningnom@yahoo.com

SERVICE AGREEMENT

I	agree to have "Lana's Dwarfs" provide Child Care for my child:
Date of I	Sirth Start Date:
1.	"Lana's Dwarfs" Daycare will provide child care services for the above listed child from to on following week days
2.	Fees are payable in advance and are due no later than drop-off time on the first day of the week the child is contracted for care and they are \$ a week or \$ a day
3.	Daycare will be closed with pay on the all national holidays and Christmas vacation (winter break).
4.	A late fee equal to \$5 per child shall be made per 5 minute intervals for pick ups later or drop off earlier than the above agreed upon time
5.	Overtime fees will be based on the hours listed above in section #1 and are \$25 per hour.
6.	Parents are required to pay for the full day if their child will not be coming for the day and parent will not notify Daycare provider by 8 am of that day.
7.	If the weekly rate is not paid on time agreed in section #2, Parent/Guardian agrees to pay a late fee in the amount of \$10.00 per day until the account is current.
8.	This contract may be terminated by either Parent(s)/Guardian(s) or Provider by giving a 2(two) week written notice in advance of the ending date. The Provider may immediately terminate the contract without giving any notice if the Parent(s)/Guardian(s) do not make payments when due.
9.	No child will be accepted with a fever, vomiting, diarrhea, runny crusty eyes, or unexplained rash or has had any of these symptoms within the last 24 hours. In cases of colds, sore throats, and the like, a phone call to the Provider is required to decide on acceptance for the day. Should the child become ill during his/her day here, parents will be notified and we will determine the best course of action concerning appropriate care, which may include the child being taken home. If a child is thought to have a communicable disease, parents will be notified and asked to pick him/her up. The child will be isolated from the other children and given special attention and comfort until the parents arrive. The child will be accepted back when no longer contagious. All other parents will be notified of the possibility of a communicable disease and what symptoms to watch for
10.	Parents are required to pay in full the regular cost of your child's care for children who will be absent due to illness, vacation or any other reason for a period longer than 10 (ten) days a year.
11.	The parties agree that Provider will be paid for 1 week (5 working days) summer vacation and 2 weeks (10 working days) Christmas vacation each year with a giving at least 2 (two) week written notice in advance.
Parent Si	gnature Date
Provider	Signature Date