

# Welcome to the Stack ABC

I am delighted that you have chosen Stack ABC to care for your child! I am absolutely committed to the safety, health, and well-being of your child. My vision includes a very special trust that binds us together with you and your family. Your thoughts, concerns, ideas, and involvement are essential to a wonderful, fulfilling experience!

## Enrollment Process

**To register your child for the 2009-2010 school year, please do the following:**

- 1. Complete an Enrollment Form legibly and its entirety.**
- 2. Bring the Enrollment Form with your \$15 Registration Fee to:  
Stack ABC at 18046 Singing Pine Circle, Gaithersburg, MD 20886**

**If you need additional forms or applications, please call 301.926.1401 or visit  
My website [www.Stackabc.com](http://www.Stackabc.com).**

I am always available to answer any questions you may have!  
Please feel free to call 301.926.1401 or refer to my website [www.Stackabc.com](http://www.Stackabc.com)

Thanks for Choosing Stack ABC!

# Stack ABC's Parent – Provider Contract

The following Contract is between :

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

A 10% Sibling discount is available for any family with more than one child enrolled in Stackabc. This discount will be applied to the oldest child enrolled.

2<sup>nd</sup> Child Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Method of Contract: Full Time ( ) Part Time ( ) Per Day ( )

Provider's Name: Quanna Tyler Reg. Number: 152559

Address: 18046 Singing Pine Cir. Montgomery Village, MD 20886

Phone: 301.926.1401 Cell Phone: 301.442.8248

E-mail: [qtyler@stackabc.com](mailto:qtyler@stackabc.com) Web: [www.stackabc.com](http://www.stackabc.com)

Mother or Father \_\_\_\_\_

Provider: \_\_\_\_\_

Contract Date: \_\_\_\_\_

Parent Copy

# Philosophy

- My philosophy is to provide your child with a clean, safe, comfortable environment where they can play and learn with guidance and loving care while you are at work or attending school.



# Daily Routine

- 06:30AM TO 08:30AM Arrival of children
- 08:30AM TO 09:00AM Breakfast
- 09:00AM TO .. 09:30AM Bottle and diaper change (Babies)
- 09:00AM .. TO .. 09:30AM Free play
- 09:30AM .. TO .. 10:00AM Circle time (reading story book - music - songs)
- 1 0:00AM .. TO .. 1 0:45AM Learning activities (based in pre-kinder books)
- 10:45AM .. TO .. 11:00AM Getting ready for lunch time
- 11:00AM .. TO .. 11:45AM Lunch
- 11:45AM .. TO .. 12:00AM Getting ready for nap.
- 12:00 M .. TO .. 12:30PM Bottle and diaper change (Babies)
- 12:00PM .. TO .. 14:30PM Nap
- 14:30PM .. TO .. 15:00PM Psychometric activities (play time depending in the time of the year will be inside or outside of the daycare)
- 15:00PM TO 15:30PM Bottle and diaper change (Babies)
- 15:00PM TO 15:30PM Free play
- 15:30PM TO 15:45pm Snack
- 15:45PM TO 16:30PM Psychometric activities inside of the daycare (dancing -singing-painting - drawing -etc)
- 16:30PM TO 17:00PM Free play (inside 0 outside of the daycare)
- 17:00PM TO 17:30PM Snack
- 17:30PM TO 17:45PM Bottle an diaper change (Babies)
- 17:30PM TO 17:45PM Free play
- 17:45PM TO 18:00PM Getting ready to go home

## **Hours of Operation Monday-Friday 6:30am-6:00pm**

### **Regular Hours of Care**

- The child care hours for the child covered by this contract will be from \_\_\_\_ am / pm to \_\_\_\_ am / pm, \_\_\_\_ days of the week. Late drop-offs do not allow for late pick-ups.

### **Standard Rates and Payment Policies**

- All payments are due on the 1<sup>st</sup> of every month if the 1<sup>st</sup> falls on a weekend payments are due the Friday before.
- If you choose to pay weekly or bi-weekly payment are due on Monday.
- If you choose Saturday care money is due day of service.
- Any payment made after the 5<sup>th</sup> of the month is late and there is a \$10 late payment fee. Parents that receive voucher are responsible for paying their portion on time.
- If payment are not made I will not provide service for your child. Full payments are required regardless of whether or not your child attends.
- There will be a \$35 charge for all returned checks plus any additional charges incurred to myself and/or by the bank. Parents who's checks are return will be required to pay by cash or money order in the future.

### **Registration Fees**

- The client will pay a registration fee of \$ 15 upon signing the contract.

### **Trial Period:**

- Child care will begin on \_\_\_\_\_. The client will pay \$\_\_\_\_\_ per week. The first two weeks in child care will be a trial period. During this time, either the client or the provider may end the contract immediately, without written notice. The client will only pay for those days of care received.

### **Termination after the Trial Period**

- The client must give a two-week written notice to end this contract. Payment is due for the notice period whether or not the child is brought to the provider for care during that time.
- The provider may terminate this contract at will.
- The provider reserves the right to immediately terminate this contract without notice if the client does not make each payment in full when due.

### **Medical Information:**

- Health forms and immunizations records must be provided. Immunizations must be kept current. The law provides that day care providers are not allowed to give any type of medication to children without written instruction signed by the parent.

## **Discipline**

- Behavior and discipline guidelines are established so that the children know what is expected of them to ensure consistency of treatment.

## **Meals**

- Infant formula/food shall be provided by the parents. Provider will provide breakfast, lunch and snacks

## **Holidays** (MLK Day - Independence Day - Labor Day - Thanksgiving –Day after Thanksgiving Christmas Day – Day after Christmas - New Years - Memorial Day)

- The child care program will be closed on the following days each year:
- The client do have to pay for holidays listed above.

Care will not be provided, but payment is due, on the following holidays when they occur on a day the child(ren) is/are regularly scheduled for care:

## **Provider Sick/Personal Days**

- The client will pay for the sick / personal days taken by the provider.
- The client is responsible for arranging backup care for the provider's sick / personal days.
- The provider may take up to 5 days each calendar year as paid professional development days.

## **Early Drop-off and Late Pickup Fees**

- The client will pay an additional fee of \$1 per minute if the child is dropped off earlier or picked up later than the time stipulated in this contract.
- All fees for early drop-off and late pickup are due at the end of that day of care.

## **Allowance**

- The client will be allowed to pick up the child later than the scheduled time 5 times per year. After that, there will be a fee of \$2 per minute when the child is picked up late.

## **Provider Vacations**

- The provider will take 1 week of vacation per calendar year.
- The client will pay the regular fee for the provider's vacation days.

## **Client Vacations**

- The client may take up to 5 days unpaid vacation days from the program. If proper notice is given of 2 weeks.
- The client may not carry over vacation time from one child care year to another.

## **Child Sick Days and Absences**

- The client must notify the provider before the scheduled starting time whenever a child will not be coming to care due to illness or any other reason. If the client does not provide advance notice, the client will pay for the missed day(s) of care, regardless of any other terms in this contract. Failure to comply with the program's illness policies may result in the termination of this contract.

## **Child Sick Days and Absences**

- The client must notify the provider before the scheduled starting time whenever a child will not be coming to care due to illness or any other reason. If the client does not provide advance notice, the client will pay for the missed day(s) of care, regardless of any other terms in this contract. Failure to comply with the program's illness policies may result in the termination of this contract

## **Rest Time**

- Each child will be expected to take a rest period during the day. Mats will be provided for rest time. Parents are responsible for providing a pillow, blanket etc. which should be label with child's name, for infants please no pillows. I will wash the bedding each week for the child. Parents must also provide diapers.

## **Supplies**

- Please bring a complete change of clothes for you child/children. This includes clothes to accommodates different types of weather. Kindly label all your child(ren) clothes, dress your child in easy to remove play clothes. This make diapering and potty training easier for you child(ren) and for me. This does relate, of course to the older children who are able to deal with buttons and zippers, etc. themselves.

## **Communication**

(The exchange of thoughts, messages, or information)

- Communication is the key to my success as a child care provider, and to the well be of your child(ren). If there is ANYTHING that your concerned about, please let me know. If there are any changes in the child's home life, it may be necessary to mention them so that I can understand any behavioral changes which may take place.

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Employer Address: \_\_\_\_\_

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Mother or Father \_\_\_\_\_

Provider: \_\_\_\_\_

Contract Date: \_\_\_\_\_ **Provider Copy**

# Program Option & Fees

I will like to enroll my child in the following:

## **Infants**

Children between the ages of 6 weeks – 2 years of age.

- Monday-Friday at \$650.00 per month \$162.50 a week

## **Early Preschool**

Children between the ages of 3 years – 4 years

- Monday-Friday at \$550.00 per month \$137.50 a week

## **Before/After Care**

Children between the ages of 5 years and up

- Monday-Friday at \$450.00 per month \$112.50 a week

## **Before Care Only**

- Monday-Friday at \$130.00 per month \$32.50 a week

## **After Care Only**

- Monday-Friday at \$220.00 per month \$55.00 a week

**Saturday Care** at \$12.00 per hour

## **3 Days per week**

- 3yrs-4yrs at \$342.00 a month \$85.50 a week
- 5yrs-up at \$267.00 a month \$66.75 a week
- Before Care at \$111.00 a month \$27.75 a week
- After Care at \$ 170.00 a month \$42.50 a week

## **Regular Hours of Care**

The child care hours for the child covered by this contract will be from \_\_\_ am / pm to \_\_\_ am / pm, \_\_\_ days of the week. Late drop-offs do not allow for late pick-ups.

# Stack ABC's Family Home Day Care Parent – Provider Contract

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

**HOW TO APPLY:** To reserve your child's spot, a one-time only per family Registration Fee of \$15 is needed for each child along with a completed and signed Enrollment Form. You will then receive a packet of paperwork. Each child must have a file of completed paperwork before beginning care.

**PAYMENT POLICIES:** Payments may be made by Cash, Check. All payments are due by the 1st of each month prior to the month of service. Tuition that has not been paid by the first day of the month of service will jeopardize the enrollment status of your child.

## **Contractual Agreement**

I understand the tuition obligation and wish to enroll my child/children for the 2008-2009 School Year with Stack ABC. In addition, I shall be responsible for any attorney or collection fees required to collect unpaid tuition and/or any other outstanding charges. • I agree to escort my child/children into the home in the morning and sign him/her in at the designated location, and then sign him/her out again when he/she is picked up in the evening.

By signing this agreement I understand that:

- A labeled daily supply of personal care items (i.e. diapers, cleansing wipes, medications, and complete change of clothes) need to be brought.
- Every morning, I need to sign my child into the daycare and sign him/her out again in the afternoon.
- I agree to treat Stack ABC as well as all children in the daycare, with respect and consideration and to follow all Stack ABC rules and policies.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date