



License #  
573616668

**Art Farm & Nature School**  
(Gina Murphey)  
Parent / Provider Contract

This contract for childcare begins on ..... and is agreed upon between Art Farm & Nature School, (Gina Murphey) and the parents listed below:

..... and .....  
For the care of the child (ren) listed below:

Child: ..... DOB: ..... Rate: \$ ..... per Month.....

Child: ..... DOB: ..... Rate: \$ ..... per .....

Total Child Care Fees: \$ ..... per.....

Days/Hours of Care:

**Monday - Tuesday - Wednesday - Thursday**

From ...9AM..... to .....1PM.....

Additional Care:

Extended Care: \$10 per Hour (or any part of). This time needs to be pre-approved  
Late Pick-up (after 1PM): \$5 per 15 minutes (or any part of)

Parents agree:

- Tuition and Deposits are Non-refundable, no exceptions. ....Initial Here----> \_\_\_\_\_
  - Payment is due regardless of attendance. No exceptions for illness or vacation. Initial-----> \_\_\_\_\_
  - Tuition guarantees your child a continued spot at our daycare. Initial-----> \_\_\_\_\_
  - Enrollment Fee. (Non-Refundable) \$200.00 (Paid before care begins) Initial-----> \_\_\_\_\_
  - To pay a non-refundable deposit held for last 2 weeks of care. \$..... Initial-----> \_\_\_\_\_
  - To pay a \$15.00 per day late fee if tuition not received by the 1st of month. Initial-----> \_\_\_\_\_
  - To pay a fee of \$30 if a check is returned as NSF by your bank. Initial-----> \_\_\_\_\_
  - They have received a copy of the providers Closed Paid Holiday Schedule. Initial-----> \_\_\_\_\_
  - To include the regular daycare tuition for paid holidays in monthly tuition. Initial-----> \_\_\_\_\_
  - To respect and follow Provider's Illness Policy. Initial-----> \_\_\_\_\_
  - That all State Required Forms must be complete before care can begin. Initial-----> \_\_\_\_\_
- **30 Days written notice** required to cancel this contract. Full fees apply during this time.

Provider: ..... Date: .....

Parent: ..... Date: .....

Parent: ..... Date: .....