

Lisa Fields' Family Day Care Home
3130 W. Powhatan Ave.
Tampa, FL 33614
Phone # 353-0957
License # F-TA-230280

Enrollment Contract

Agreement for the care of:

Child's full name: _____ Date of birth: _____

Child's full name: _____ Date of birth: _____

Agreement effective date: _____

Normal hours of care will be from _____ a.m. to _____ p.m. on the following days:

M T W Th F

(Circle all days your child will be present)

Child care fees will be \$_____ per week. Overtime charges as explained in the policy manual will apply to any child care provided before or after the agreed upon hours. Payments will be made each Monday morning for the current week. Late payment fees are explained in the policy manual. Charges will be assessed for checks returned by the bank, as explained in the policy manual.

Provider agrees to provide child care for the above named child(ren) according to the agreed upon schedule from the effective date indicated above until one or both parties agree to terminate enrollment. Provider certifies that a current Hillsborough County Child Care License is in effect at the day care home and that child care provided is in compliance with applicable state of Florida and Hillsborough County licensing standards.

Parents agree to pay of child care for the above named child(ren) at the agreed upon weekly payment rate indicated in this contract, from the effective date until the termination date. Parents acknowledge that they have received and read the policy manual in effect at the day care home, understand the policies set forth therein, and agree to comply with these policies in their entirety. These policies may be amended by the provider at any time with a 2 week written notice.

Either parents or provider may terminate this agreement at any time with 2 weeks advance notice. Parents agree to make full payments for two weeks following the date of the notice of termination whether or not their child continues to attend child care. Parents acknowledge that the provider retains the right to terminate care without notice at any time if any child care fee, overtime fees, or late payment fees are not paid when due, when a child is absent for two consecutive days without notice to the provider, or in any other case where the policies of the child care home are not followed.

A deposit of \$_____ must be submitted to reserve a child care space for the above named child(ren). In the case where a parent changes their mind about child care, the fees are retained by the child care provider.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Provider's Signature _____ Date _____