



14 Henley Road, Acton, MA 01720

asterfamilyfuncafe@gmail.com

www.aster.care

978 274 0614/617 755 4381

CHILD CARE CONTRACT

This agreement is between:

1. _____
Parent/Guardian (Full Name) Home Phone Work Phone _____ Home
Address, including ZIP code

Employer Address and Phone Number

And

2. _____
Parent/Guardian (Full Name) Home Phone Work Phone _____
Home Address, including ZIP code _____ Employer
Address and Phone Number

And

3. _____
Child Care Provider Home Phone _____
Home Address

For the care of: _____
Child's Full Name Child's Birth date

With an agreed upon start date of _____ Deposit paid on _____

Rates and Payments

Payment shall be \$ _____ per month OR \$ _____ per week OR \$ _____ per hour

Two weeks of payment will be paid as deposit to hold a child’s spot. This money will be applied to the last two weeks of care . This money is forfeited by the parents if the termination policy is not followed.

Aster Family Fun Care will provide child care services from:

_____ AM/PM to _____ AM/PM.

On the following days: (check all that apply)

Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____

Thursday _____ to _____ Friday _____ to _____

This payment does not include extra charges that may be incurred for field trips/special events, as agreed upon in advance. These charges will be the parents’/guardians’ responsibility.

Payment shall be due on: _____ last day of the month that the child attends for the following month

_____ last day of the week the child attends for the following week

_____ other : _____

Rates for Holiday, Vacation& Personal / Sick Days

The following are the holidays “Aster” will be closed but parents are **expected** to pay when they fall on a day regularly schedule for care:

- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Vacation(7 working days)
- New Year
- Three personal/sick days (Parents will be notified 2 weeks in advance, unless an emergency arises).

The following are the holidays “Aster” will be closed but parents are **not expected** to pay when they fall on a day regularly schedule for care:

- Professional development training day
- Last two weeks of August for summer vacation.

Additional Fees:

- Payment is expected even if the child cannot attend due to illness or short absences.
- Payment is expected on snow days (I will be open but there may be delayed opening depending on snow emergency and Acton-Boxborough school delays), emergency days (No electricity or hot water).
- Late fee of \$10 per day if fee is not paid in advance.
- Late pick up fee of \$1 per minute will be paid in “CASH” as you pick up your child.
- If a check is returned for non-sufficient funds, there will be a \$35 fee incurred as a result of the returned check. Childcare services may be halted until full payment of tuition and NSF charges has been made, in CASH.

Trial Period Policy & Termination Procedure:

The first month in my program is an adjustment or trial period. During this time, either parent or provider may terminate this contract immediately without written notice. The deposit (two week) is only refundable if parent leaves during the trial period. After one month trial period has been completed, a two-week written notice by parent is required to terminate this contract. Payment is due for the notice period whether or not the child is brought to the provider for care during that time.

COVID 19 sickness, Quarantine, closure

Due to COVID-19, business is financially impacted and there is no end of uncertainty ahead. In order for Aster Family Fun Care to stay afloat, I request that when daycare is open for business, parents will pay in full even:

- If the child is sent home because he/she becomes symptomatic and is required to stay home for 14 days
- If the local board of health or EEC officials recommends to close the daycare to deep clean and disinfect for a number of days or close the daycare for 14 days
- If the state of Massachusetts is under lockdown order again for public safety, parents are expected to pay
 - 2 weeks to one month (closure) – full pay
 - More than one month closure – 40%

If you decide to pull out your child from the daycare you are required to give two weeks’ notice so we can apply the 2 weeks non-refundable deposit, if any.

If any of my staff shows symptoms of covid-19, and I could not find any back up staff, I will have to reduce the capacity to six children. Please let me know in that situation if you will be able to keep your child home. You will not be charged for the days/weeks you keep your child home until my staff is safe to come back to work. Please let me know if:

- _____ I can not keep my child home
- _____ I can keep my child home for part of the days needed.
- _____ I can keep my child home for one or two weeks if necessary until the educator/staff is safe to work.

Assumption of the risk and waiver of liability relating to Covid-19

The coronavirus (Covid-19) has been declared a worldwide pandemic by the World Health Organization (WHO). Covid-19 is extremely contagious and is believed to spread from person to person contact. Aster Family Fun Care LLC has put in place preventive measures to reduce the spread of Covid-19 and comply with all the minimum requirements for health and safety required by the Department of Early Education and Care (EEC), however Aster Family Fun Care cannot guarantee that my child or I will not be infected with Covid-19. By signing this addendum to the contract, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child/staff/I may be exposed to or get infected by Covid-19 by attending Aster family fun care LLC. I hereby release covenant not to sue, discharge and hold harmless Aster family fun care LLC, Jaya Laxmi, its employees and household members, of and from the claims, including all liabilities, claims, actions, damages, cost or expenses of any kind arising out of or relating to Covid-19. I understand and agree that this release includes any claims based on the actions, omissions or negligence of the day care, its employees/staff, my household members, whether a Covid-19 occurs before, during, or after attending Aster family fun care LLC.

By signing this contract, parents/ guardians agree to abide by the contract and the written policies of the provider. The provider may amend the policies by giving the parents/guardians a copy of the new or changed policy.

Child’s name _____ Date _____

Parent/Guardian Signature _____ Date _____
(Mother)

Parent/Guardian Signature _____ Date _____
(Father)

Provider’s Signature _____ Date _____