Date Enrolled:_____Last Day in Care:_____

Joyful Noise Childcare

Parent – Provider Contract

1. The following agreement is made between:

Mother: _____ Social Security # or Drivers Licensee# _____

Home Phone: _____ Work Phone:_____

Cell Phone_____Email_____

Home Address_____ _____g

Employers name address: _____ _____

And

Father: _____Social Security # or Drivers License#_____

Home Phone: _____ _Work Phone: _____

Cell Phone_____Email_____

Home address: _____

Employers name & address: _____

And Provider: Cherry Conley and Meaghan Conley/Joyful Noise Childcare
32230 Shavox Road
Salisbury, MD 21804
(443) 783-1953

For the care of:

Child's Name:_____D.O.B._____Age:_____Sex:_____

Child's Name:_____D.O.B._____Age:_____Sex:_____

Child's Name:_____D.O.B._____Age:_____Sex:_____

- This agreement will be for a two-week trial period, from _____ to _____
- Beginning _____ it will become an extended rolling contract with both the parent and provider's signature.
- I have read the following page and agree to the terms:

Emergency Contact Person #1: _____

Address:_____Phone:_____

Emergency Contact Person #2: _____

Address:_____Phone:_____

Name of any person specifically *NOT permitted to pick up your child.

Name:_____Relationship:_____

Name:_____Relationship:_____

Child's Physician name & address:_____

_____Phone:_____

Med**ical insurance plan name**:_____Plan #:_____

Authorization for Emergency Medical Treatment

***In case of emergency or serious illness, I request that the provider contact me. If I can't be reached, I authorize Cherry Conley to arrange for emergency medical treatment.**

Mother's signature:_____Date:_____

Father's signature:_____Date:_____

Signature of Notary Public:_____Date:_____

Please list other children in the family:

Name:_____Age: _____Sex:____

Name:_____Age:_____Sex:____

Name:_____Age:_____Sex:____

Please list other adults in your home and their relationship to your child:

Name:_____Age:_____Sex:____

Relationship:_____

Name:_____Age:_____Sex:____

Relationship:_____

*****Please list other daycare or preschool experiences:_____

_____

Authorization to Leave Premises

I, (name of parent) _____ will permit my child, (child's name) _____ _____ to leave the home of Cherry Conley for the purposes of walks, park, store, school, field trips, and medical reasons (see medical treatment).

Signature of Parent _____ Date: _____

Authorization For Transportation

I, (name of parent) _____ will permit Cherry Conley to transport my child (child's name) _____ by private automobile.

I understand that state law regarding the use of child passenger restraint system and the possession of a valid driver's license and inspection sticker, and valid insurance card will be observed.

Signature: _____ Date: _____

A Parent's Guide to Regulated care in MD

I/We_____ have received a copy of the pamphlet "A Parent's Guide to Regulated Childcare or have visited the brochure at MSDE forms https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/guide_to_regulated_child_care.pdf

Signature _____Date_____

Infant /Toddler Program

The state of Mary has created a new brochure on the Infant /Toddler Program that all childcare providers are required to share with their clients' families. This program helps parents by evaluating children who may have developmental delays. They also offer services to help families and children improve skills which will improve school readiness later in life. Services can be provided in the child's home or the childcare program. If you have any questions, please let me know. The Brochure can also be found at https://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/infant_and_toddler_program_brochure_final.pdf

I/ We _____have received a copy of the Infant/ Toddler Program Brochure

Signature_____ Date_____

Joyful Noise Childcare Parent Handbook

I/We have received and read the 2024 Revised Joyful Noise Childcare handbook and contract, and will comply with all provisions contained therein, and shall at this time enter into a contract with Cherry Conley and Meaghan Conley of Joyful Noise Childcare for the care of my/our child(ren) _____

Joyful Noise 2024 Rate Agreement

6 months through independently potty-trained	full time	230.00
Part-time up to 25 hours (must be over two years old)		170.00
Once independently potty-trained	full time	220.00
Part-time up to 25 hours		160.00

*Part-time children are taken only as space allows

Current clients rates stay the same with the annual 5% rate increase

Security Deposit

When new families enter care, a security deposit will apply for all slots held longer than one week. You will be required to pay the regular weekly fee for two weeks as a security deposit. All fee rules apply. These monies are non-refundable should a parent withdraw their child before our agreed-upon start date. Childcare slots are on a first come first serve basis, so slots will not be held unless a security deposit has been paid. If paying a deposit for an infant spot, which is currently occupied by a child who will be turning two; All paperwork must be returned to me no later than three weeks before beginning care to hold a spot.

Trial Period

All new children will be cared for on a two-week trial period beginning on the child's first actual day of care. During that time, the parent or provider may terminate the childcare agreement with 24 hours notice. Fees paid are non-refundable. After the trial period, a two-week written notice is required to terminate the agreement. (See termination policy)

Payment Procedures

Your specific rates will be outlined in your contract and rate agreement. Payment is payable in advance, no later than pick-up time on Friday of each week. Drop-In care must be paid for at the beginning of the week, at drop-off time. If this day is a holiday, payment is expected on the previous day. If you go away on vacation, payment is due **BEFORE** you leave. If it is my planned day(s) off, your payment is expected **BEFORE** such days. In cases of illness, your payment is still expected. If I close the childcare due to my own illness or emergency, payment will be accepted on your first day back to childcare. Payments may be made by check or cash. Checks must be dated for the day they are due. There will be a late fee of $10.00 for each day that payments are received late. Repeated late payments may be grounds for termination. I ask you to consider how you would feel if your employer came to you on your expected payday and told you that your paycheck would be delayed. I will give you a minimum of two weeks' notice of any increase in your childcare fee. (Please see "Rate Increases" section below.)

Returned Checks

If a check is returned to me, for non-sufficient funds or any other reason, the parent will be required to pay a $25.00 fee for the returned item, $10.00 late fee/day, and any other fees that I incur because of the returned check. Childcare service will be discontinued until full payment of tuition, late fees, and NSF charges have been paid in CASH. In addition, I will only accept cash payments from the parent from that point

forward. If it is necessary to take collection action, the parent will be responsible for any associated costs; this includes but is not limited to collection fees, attorney fees, judgment fees, and court costs.

Late Fees

Parent contracts/Rate Agreement state scheduled childcare hours. If your child is dropped off before, or picked up after these times, you will be charged a late/early fee. Joyful Noise will charge an after-hours rate of $5.00 per child per hour for prearranged late care or early morning drop-off. (Note: This is only if prior arrangements have been made with us. Early Drop off requires notification by 9:00pm the prev. night) If no prior arrangements have been made for late/early care, There will be a charge of $5.00 for every 5 minutes or portion thereof. Late fees will be strictly enforced. This is to ensure that children are picked up on time so as not to impose on our family time. Late drop-off does not constitute late pick-up. Payment of penalties is expected, in cash, at the time of pick up for unscheduled early drop-off or late pick-up. If cash payment is not made at this time, it will be required the next day when dropping off. No child will be allowed to stay for care on that day, or until payment is made. The above penalties will also be charged to parents if Grandma or another person is supposed to arrive to pick up the child and is late/ early

Absences

There will be no refunds or adjustments made to your childcare fee for time your child misses due to illness, holidays, or days off. These will be paid days.

Holidays and Vacation

Childcare will be closed for the following holidays: New Year's Eve, New Year's Day, Martin Luther King Day, President's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and the Friday after Thanksgiving, Christmas Eve, Christmas Day and the day after Christmas. When any of these holidays fall on a Saturday, Childcare will be closed on the preceding Friday, with pay. When the holiday falls on a Sunday, childcare will be closed on the following Monday, with pay. You will be required to pay for the Mondays or Fridays taken off if that is a normally scheduled day for your child to be in attendance. For me to be the best provider I can be, I will need time to relax with my family and to accomplish household or childcare projects, or attend training, seminars, or conferences. Each year, I may take up to ten personal/professional/sick days. These days are paid in full. I will take three weeks' vacation. Parents will pay the normal weekly rate for vacation time. One of these weeks will be the week between Christmas and New Year's. The remaining week will be taken during the summer months. I will give two weeks' advanced notice of all vacation/ personal days to be taken. If parents participate in a subsidy program that does not pay for holidays and vacation days and other closures, they are responsible for paying for these days. Parents are notified of all closures at least one month ahead of closure if not longer.

Rate Increases

We chose family childcare because we love working with children, and we think it's important to have a variety of happy, healthy, and safe places for our children. However, contrary to popular belief, there is not a lot of money to be made providing home childcare. What parents pay will buy quality childcare, nutritious meals, and a nurturing environment for children. Childcare fees must also cover my and Meaghan's income, including taxes and social security. Childcare fees also pay for special insurance,

training, food, toys, equipment, art supplies, and all the other things the children will use. Like other self-employed workers, family childcare providers do not get the benefits that many employees take for granted such as health / dental insurance, life insurance, unemployment insurance, retirement, and flexible time off.

Family childcare is also very restrictive; the state of Maryland dictates the size of my business. There is no room for growth. Also, We cannot take time off for appointments or obligations without careful planning and covering our responsibilities. To protect our rights and income, Parents will find that a guaranteed wage is part of my contract. We hope this gives everyone a better picture of the true cost of childcare.

We have been providing childcare for more than 30 years and have learned many new things from other providers, workshops, and continuing education. I am always striving to operate my business more professionally. All of this helps to give the children the best possible care. That said, operating costs continue to increase and therefore we must include a 5% cost-of-living increase. This rate increase will be reflected when annual contract renewals are signed every February. We will do our best to keep rates as low as possible. I appreciate your understanding in this matter.

***The arrangement agreed upon by both parents and provider includes the following: Contracted days and hours: (circle one) Full Time Part Time ___hrs**

Monday: _____ AM to _____ PM

Tuesday: _____ AM to _____ PM

Wednesday: _____ AM to _____ PM

Thursday: _____ AM to _____ PM

Friday: _____ AM to _____ PM

Starting Date: _____ (MM/DD/YY)
Deposit for amount two weeks of care (first week in care and last week in care) Amount of deposit paid $_____
A rate of $ _____ per week will be payable in advance, every Friday. These rates will be charged regardless of the child's attendance. There will be no refund of payments made. . A rate of $5.00 per child per hours for up to ten hours of after-hours care. Late fees will also apply (see handbook and contract).

Mother's Signature_____ Date _____

Mother's SS# or Driver's License #_____

Father's Signature_____ Date _____

Father's SS# or Driver's License #_____

Provider's Signature_____ Date _____

Rates effective July 21, 2024