



**PARENT CONTRACT FOR SERVICES BY
BEAR BUDDIES CHILD DEVELOPMENT CENTER, INC.
2024**

**The signature on this document is acknowledgement that I(we) have received
Bear Buddies Child Development Center, Inc.'s PARENT HANDBOOK.
I (we) agree to comply with its policies as outlined below.**

PLEASE INITIAL EACH LINE ITEM

***** Licensing Requirements:**

_____ I(we) agree to inform Bear Buddies Child Development Center of my child's scheduled attendance.

_____ I (we) agree to provide Bear Buddies current immunization and health records upon enrollment to be in accordance with Wisconsin State Licensing.

_____ I (we) agree to inform Bear Buddies Child Development Center of my child's absence on any scheduled day(s) within 1 hour of scheduled arrival time to be in compliance with Wisconsin State Licensing..

_____ I (we) understand that my child cannot be in attendance longer than 12 hours in one day.

_____ I (we) acknowledge that Bear Buddies Child Development closes at 6:30p.m. If I fail to pick up my child by closing time, I will be charged \$1.00 per minute after 6:30 p.m.

_____ I (we) agree to pick up my child within one hour of being notified of a condition or illness that warrants exclusion from day care.

_____ I (we) agree to inform Bear Buddies of any health information concerning allergies, immunizations, communicable disease, diet or other special needs.

_____ I (we) understand that I will physically drop my child off with the appointed teacher of the classroom.

_____ I (we) understand that unless a child has a note from a physician specifying otherwise, Bear Buddies cannot wake sleeping children under age 2 for any reason, no matter how long they have been asleep.

_____ I (we) understand that Bear Buddies can terminate my child's care at any time if they feel that we are not a good fit and/ or that my child is not a good fit for the program. I understand if this be the case, I have the right to contact the DCF Equal Opportunity Office at 608- 422-6889 or the U.S. Department of Health and Human Services, Office for Civil Rights 800- 368-1019 (voice) or 800-537-7697 (TDD) or see the ADA website https://www.ada.gov/filing_complaint.htm to file a complaint

***** Tuition:**

_____ I (we) agree to provide a TWO-WEEK WRITTEN NOTICE for withdrawal or transfer from Bear Buddies.

_____ I (we) understand that if a TWO-WEEK NOTICE IS NOT RECEIVED that I will be held liable for two-weeks tuition based on my current schedule.

_____ I (we) agree to pay on the regularly scheduled pay days or be charged a \$25.00 late fee if payment not received within three days of due date. (i.e. payments are due on Friday late fee will be charged after Monday at 6 a.m.)

_____ I (we) understand that the first two-week payment to “reserve” my child’s spot is non-refundable if child does not attend or withdraws prior to attending.

_____ I (we) understand that the registration fee is not refundable and is valid for as long as my child is actively enrolled.

_____ I (we) understand that half tuition credit is give ONLY if my child is absent 4 (four) or 5 (five) consecutive business days in a normal Monday-Friday week.

_____ I (we) understand that we will be billed for 5 days regardless of actual attendance.

_____ I (we) understand that tuition is deducted via Tuition Express automated billing system, and I will provide necessary paperwork before I start at Bear Buddies

_____ I (we) understand that even if I am on County Assistance, tuition is due every other Friday on the regularly scheduled days. IF my account shows a balance, tuition WILL BE deducted from my account. Assistance payments must be made on time to avoid the alternate payments.

***** Health / Safety**

_____ I (we) agree to bring my child’s bedding home each Friday, wash, and return each Monday.

_____ I (we) understand that unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position in a crib for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).

_____ I (we) understand that if my child is too ill to participate in normal daily activities, including outdoor play, I a required to keep my child out of daycare.

_____ I (we) understand that my child needs to wear tennis shoes during outside time to avoid tripping or stumbling due to flip flops or sandals that are not secure.

_____ I (we) understand that an extra pair of tennis shoes may be left at the center for my child to change in to for outside play.

_____ I (we) understand that Bear Buddies has the right to terminate my child’s care if ongoing behaviors persist that put staff and other children in danger.

***** Curriculum:**

_____ I (we) understand that my child will receive a daily educational program that includes, but is not limited to, activities in motor development, language development, character growth.

_____ I (we) understand that lesson plans and classroom schedules are posted in each room for me to view.

***** Communication:**

_____ I (we) agree to inform the staff and office of changes in persons authorized to drop off or pick up my child. If informing by telephone, I will verify my identity by using my child's 6 digit check in number.

_____ I (we) understand that any **authorized** person picking up my child will be required to have the computer code, the 4-digit door code, and a picture I.D.

_____ I (we) agree to share with the staff and/or director any concerns regarding the type or quality of care my child receives, both positive and constructive. (Requirement for validity of guarantee).

_____ I (we) acknowledge that regular communication with my child's teacher can be expected via daily report sheets. ('Bear Facts')

_____ I (we) understand that I am not permitted to be on my cell phone at pick up or drop off time. I will be available for communication with my child's teacher.

_____ I (we) understand that I will drop my child off **WITH** his/her teacher to ensure transfer of care. I will **NOT** drop off in office or in the entryway and let them walk in by themselves.

***** Holidays /Inservice:**

_____ I (we) acknowledge that tuition **will not be credited** for the 6 major holiday closures or the 3 inservice days that Bear Buddies is closed.

_____ I (we) understand that my childcare provider is required to participate in 25 hours of continuing education yearly.

***** Inclement Weather:**

_____ I (we) understand that if Bear Buddies is closed due to inclement weather, no tuition adjustment will be given.

_____ In cases where weather causes schools to be closed or released early, my child may attend Bear Buddies. I (we) understand that a full day charge will be assessed.

***** Scheduled Time & Tuition:**

_____ My child's normal schedule is listed below. I understand that Bear Buddie's weekly rate will be assessed regardless of my schedule.

***** 30-day Money Back Guarantee:**

_____ I (we) understand that I qualify for the 30 day – 100% money back guarantee. Initials of parent and director are required. (See Parent Handbook for restriction guidelines.)
(Director use only: ___yes or ___no Initials _____)

_____ I (we) understand that if I do not qualify for the 30 day – 100% money back guarantee, then I do qualify for the 30 day – 25% money back guarantee. Initials of parent and director are required. (See Parent Handbook for restriction guidelines) (Director use only: ___yes or ___no Initials _____)

_____ I (we) understand that this guarantee does not apply if an additional teacher is needed for the enrollment of my child.

_____ I (we) understand that no 3rd party payments will be reimbursed. i.e. county assistance.

_____ I (we) understand that a weekly survey about our service is available to be completed on the website and submitted to Bear Buddies.

***** Waiver of Liability:**

_____ I (we) understand that accidents happen when children play and grow and in the event that a non-negligent accident occurs due to play or child on child, I (we) will not hold Bear Buddies Child Development Center INC. responsible

_____ I (we) understand that by signing this contract I (we) agree to waive any and all claims, demands, suits, cost and charges that I/We have or may have in the future in connection with Bear Buddies Child Development Center, INC., its officers, trustees, agents, and employees; including but not limited to personal injury, bodily harm, injury or property damage occurring while my child is in their care.

_____ I (we) understand that by signing this contract I (we) agree to HOLD HARMLESS an INDMENIFY Bear Buddies Child Development Center, INC., for any and all liability for any property damage, loss or personal injury to any third party

MON	TUES.	WED.	THURS.	FRI.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent Signature
DL# _____

Date
DOB: _____

Parent Signature
DL# _____

Date
DOB: _____