



GENERATION MONTESSORI

Providers Delia Mata
Hernandez

This Contract is between _____, hereinafter "client" and
_____, hereinafter "provider," for childcare services
provided for the child(ren) listed below.

184th Ave Location

Address: 8181 SW 184th Ave Beaverton,
OR 97007

Provider: Delia Mata

Phone Number: (503) 880-2058

Email: Deliahdez4@yahoo.com

CCD License: Pending

13th Ave Location

Address: 1105 SE 13th Ave Hillsboro, Or
97123

Provider: Delia Mata Hernandez

Phone Number: (503) 880-2058

Email: Deliahdez4@yahoo.com

CCD License: CF501475

Client Information:

Name(s) of Parents/Guardian: _____

Address: _____

Phone Number: _____ Phone Number: _____

Email(s): _____

Employer's Name/Address: _____

Emergency Contact & Phone Number: _____

Authorized People for Pick Up: _____

(First time picking up, need to show ID)

Child(ren) Covered by This Contract:

1. Name of Child: _____ Date of Birth: _____
2. Name of Child: _____ Date of Birth: _____
3. Name of Child: _____ Date of Birth: _____
4. Name of Child: _____ Date of Birth: _____

Tell us more about your child(ren) and family:

Do your child(ren) have any medical conditions, such as, allergies, asthma, etc.? _____

(If your child takes any medication, we will need a prescription)

Tell us about your child(ren) attitude(s): _____

Tell us about your child(ren) behavior(s): _____

Tell us about your child(ren) interests and dislikes: _____

Tell us about your rules at home: _____

How many children are in the family, ages? _____

Parental/Guardian Permission:

- a. Do you give us permission to transport your child(ren) to field trips or other needs? Yes or No
- b. Do you give us permission to provide medicine such as Tylenol in case the child gets a fever? Yes or No
- c. Do you give us permission to call for medical service in case of an emergency? Yes or No
- d. Do you give us permission to post pictures of your child(ren) on the internet, (such as Facebook, Instagram, childcare web page, etc.)? Yes or No

KEY INFORMATION

1. First Day of Care: _____
2. Regular Hours of Care: _____ (AM/PM) to _____ (AM/PM);
Monday through Friday
NOTE: Late drop-offs do not allow for late pick-ups, absent days do not cover another day.
3. Late Fee Policy:
 - a. The maximum hours available for full time care is 9 hours and 30 mins.
 - b. If the Client picks up their child after 9 hours and 30 mins or after 5:30pm closing time, the Client will be responsible for paying \$1 per minute.
 - c. The Client is responsible for paying a fee of \$1 per minute if they pick up their child(ren) outside of regular hours (if not previously discussed with providers), regardless of maximum hours and closure time.
4. Yearly Closures:
 - a. December 20th to 31st – January 1st & 2nd – Winter Break
 - b. January 15th – MLK Day
 - c. February 19th – Presidents' Day
 - d. May 27th – Memorial Day
 - e. July 4th – Independence Day
 - f. August 8th to 12th – Summer Closure (MAY BE ADJUSTED)
 - g. September 2nd – Labor Day
 - h. November 11th – Veterans' Day
 - i. November 23rd to 24th – Thanksgiving Break**NOTE:** Some closure dates may be adjusted depending on placement and time. Parents will be notified by providers minimum 1 week in advance.
5. Provider Sick/Personal Days:
 - a. The provider is responsible for notifying parents a week in advance for any closures and providing other personnel for care.
6. Client Vacation:
 - a. The Client must pay the regular fee even if they did not bring the child(ren) during their vacation.
7. Child Sick Days and Absences:
 - a. The Client must pay for all days when the child is sick and not in childcare.
 - b. If child(ren) get sick during childcare hours, the Client is responsible for picking the child(ren) as soon as possible.

- c. The Client must not bring the child(ren) if they are sick or show unusual side effects within 24 hours before care. This includes, vomiting, fever, diarrhea, sore throat, eye infection, skin infection and lice infestation.
8. Holding fees:
- a. If the Client is laid off from work, loses a job, or becomes seriously ill and decides to temporarily remove the child from care, the provider will charge \$ _____ to hold the child's space for _____ weeks. At that point, the agreement will be renegotiated.
9. Field Trip Fees:
- a. The Client will pay any out-of-pocket costs involved with field trips, such as zoo entrance fees, community center fees, or other event fees.
10. Fees for Extra Services and Food:
- a. The Client will be responsible for bringing diapers, wipes, baby food, formula, rash cream, sunscreen, blanket, boots, raincoat, extra clothes for the childcare program.
11. Contract Termination:
- a. If the Client wishes to terminate the contract and withdrawal their child from our services, they must notify the provider at least a month in advance.
- NOTE:** If the child leaves care during a new pay cycle, the Client is responsible for making a full payment for the month.

We will have two weeks of grace period to adapt each other, and if the child, you, or we are not satisfied, this contract is invalid. You must notify us at least a two week in advance if you choose to stop service. You are responsible for covering the payment for the remainder of your service cycle.

By signature this contract means that you agree to all terms and will receive a parent handbook.

PARENT SIGNATURE: _____

PROVIDER SIGNATURE: _____