

**PARENT AGREEMENT TO TERMS**  
**Desert Marigold School**  
**Kinder Care Program 2017/2018**  
**PreK - First Grade**

**Daily Contracted Rate and Hours:**  
**Prek/K 12:15-2 \$7.75 or 12:15-3:30 \$14.50**  
**1st 2 - 3:30 \$6.75**

1. Your child must be regularly enrolled in the DMS Pre-K, private K, or charter programs (K-1) or must be the child of a faculty/staff member and at least 3 years old and toilet trained to receive care.
2. A signed and completed contract must be on file in the school office reflecting actual days and hours of care needed. **Parents are liable for the fee stated on their contract until a new one is filled out, signed, dated and returned to the office or written cancellation of their contract is received. Cancellations and changes are due by the 20<sup>th</sup> of each month and go into effect for the next billing statement.**
3. Parents will be billed on a monthly basis. Bills will reflect charges for the next month based on contracted hours and school holidays. **No refunds will be given.**
4. Bills will be generated and emailed after the 20<sup>th</sup> of each month. For customers without email access you may request a copy of your statement in the school office. Payment is due in the school office no later than the last day of the month to continue services for the next month.
5. Payment may be made by check, cash, Visa or MasterCard. A late fee of \$5.00 per week will be assessed if the payment is not received by the due date. Failure to pay by the first of the month will forfeit your child's spot. Reinstatement is based on availability after payment is received.
6. There will be a \$25.00 fee for returned checks. A returned check will be re-deposited and subject to an additional \$25.00 fee if it is returned the second time. After two incidents of a returned check, only certified funds will be accepted.
7. Children must be picked up by 3:30.
8. **If a child is picked up after the 3:30 closing time the parents will be a charged \$1 per minute late fee.** This fee will be added to the next bill. After the third late pick up your child will be withdrawn from the program.
9. The Phoenix Police have advised DMS to call them and/or Child Protective Services in the event that parents or emergency contacts cannot be reached after the program closes.
10. Snack: A healthy snack will be provided to children at or about 2:30.
11. Parents must provide current emergency information in their child's file and must notify DMS of any changes in addresses, phone numbers, etc. Parents must also provide names of those people authorized to pick up their child. Anyone picking up your child may be asked to show photo identification before signing your child out.
12. Arizona State Department of Child Care Licensing requires that the person picking up your child each day legibly sign him/her out using at least their first initial and full last name on the sheet provided. It is also required that you fill in the current time when signing your child out.
13. Parent or coordinator may request a conference to discuss a child's progress or behavior.
14. We are a DES (department of economic security) authorized site. Please contact your local DES office to apply for childcare assistance and list Desert Marigold as your provider of choice. You are responsible for payment in full until such time that DES approves you for childcare assistance. At that time you are responsible for any amount in excess of the DES daily amounts including your co-pay. Families who do not qualify for DES assistance may apply for childcare assistance in the school office. You must provide a copy of your DES rejection letter, income verification and a completed assistance request form. Funding is limited.

**Daily Drop-in rates: Prek/K 12:15-2 \$9.50 or 12:30-3:30 \$17.75**

**1st 2 - 3:30 \$8.25**

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Name of Child (**one per contract**) \_\_\_\_\_ Grade \_\_\_\_\_  
 Name of Parent/responsible party (print) \_\_\_\_\_  
 Email Address (please print clearly) \_\_\_\_\_  
 Phone number(s) home \_\_\_\_\_ work/cell \_\_\_\_\_  
 Start date: \_\_\_\_\_ End date (if known): \_\_\_\_\_

**Please check (✓) the days and times you wish to contract for:**

	Monday	Tuesday	Wednesday	Thursday	Friday
PreK/Kinder <b>12:15-2:00</b> \$7.75/day					
PreK/Kinder <b>12:15-3:30</b> \$14.50/day					
1st Grade <b>2:00-3:30</b> \$6.75/day					

My child **will not** stay on all school ½ days when older siblings are out early

*Payment options:*

- I will submit payment in full by cash/check no later than the last day of each month, prior to the next month's services.*
- Please bill my credit card listed below. Cards will be run on the 1<sup>st</sup> business day of the month.*

Visa/MasterCard/Amex/Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ cvv code \_\_\_\_\_

Name on card \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

**I have read, reviewed and agree to the terms above and on page one. If any information I have provided changes, I will notify the DMS office immediately in writing.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_