

Parent(s)/Guardian(s) and Provider Agreement

Welcome to Lanka Learning Academy and Daycare community! We are excited you made the decision to support this exceptional academic journey for your child. We put of the education of our student's first while encouraging them to be interactive global citizens. My name is Mrs. Lanka, I have 20+ years of experience cultivating and educating in a Montessori environment. Now, I want to bring that same experience to my community through my Academy and our incomparable educational journey together. My goal is to follow the path that the child sets while securely guiding them towards educational and holistic independence and exploration.

**Brief Educational Certifications: B.A. Early Childhood Education, Association Montessori International (AMI) trained, Infant and Toddler Methods and Materials, Child Growth and Development, Movement in Cognitive Learning, Better Educate Children with Challenges, Freedom and Discipline, Musical Heritage, Material Making, Establishing Freedom and Limits, Dietary Needs, and Supporting Breastfeeding in Childcare.*

Positively caring for children requires a collaborative effort between the childcare provider and the child's family. Therefore, please read this Provider Agreement and our Parent Handbook (found online) carefully to understand the details regarding the provider's expectations, quality of service, and requirements for the academy.

Please do not ever hesitate to contact me.

Phone: 240-817-9390

Email: devilanka@hotmail.com

Effective Date of Agreement

This agreement is between the parent(s)/guardian(s)

_____ (parent/guardian name printed)

and the Lanka Learning Academy and Daycare, for the care of

_____ (child's name printed) from the

starting date of _____ and anticipated termination on _____.

Hours of Care

The hours of operation are 8:00am to 5:30pm Monday-Friday (unless specified otherwise). My child _____ (child's name printed) will be dropped off at _____ and picked up by _____.

a. Specifications:

Rates

Tuition will be \$ _____ per week.

I _____ (parent/guardian initials) hereby agree to pay the provider a weekly fee of \$ _____ every Monday for the duration of the contract period. This fee will be paid (cash/check/other discussed option) in full every Monday morning 8:00am (before entering the location for service on Monday) for each week in this contracted period. Even when the child does not attend childcare on his/her reserved day(s), and or when the location is closed for Handbook specified days (holiday, vacation, and sick days) the parents/guardians are still responsible for paying tuition.

*Please refer to the Parent Handbook for questions/concerns about sick days, holidays, and vacation days. Signing this document is an indication that the parents/ guardians of above-mentioned child have read, understood, and accepted the terms listed on the Parent Handbook and Provider Agreement.

There is a non-refundable deposit (cash/check) of one week's tuition due when submitting the agreement in order to hold a spot for the student and to ensure their subsequent attendance. This deposit is not aggregated towards the tuition and is simply to ensure the child has a spot within the Academy at the listed start date.

There will be a fee charged for any check returned by the bank. The amount of the returned check and the stated service charge will be required before the child is able to attend.

*For more information about deposits, late fees, and tuition please refer to the Parent Handbook.

I _____ (parent/guardian initials) acknowledge and accept above mentioned agreement and stipulations.

Pick up Information:

Parent(s)/guardian(s), authorized to pick up the child:

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

Personnel, other than the parent(s)/guardian(s), authorized to pick up the child:

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

*Please provide prior notice if routine pickup/drop-off personnel are changed in anyway. This is to ensure the safety and security of the child. Unauthorized individuals will not be permitted to pick up children from the location without parental approval.

Personnel **NOT** authorized to pick up the child:

Name: _____ Number: _____

*Other information/instructions regarding this individual:

After Care Program Option:

There is an option to keep the child at the Academy for longer than the regular hours (8:00am-5:30pm) as an aftercare program, the fee is \$20 per child per hour kept with mutual agreement and prior notice given to the administration.

*This availability/option is subject to change.

Absence/ Late

I _____ (parent/guardian initials) agree to inform the provider as soon as possible if the child is going to be absent, late, and/or picked up late/early.

Pickup

Pick is promptly at 5:30pm, at 5:35pm it is considered late. On the third pick up time infraction (per year) there will be a \$15 charge for every 10 minutes that pickup personnel are late (implemented at 5:35pm), this fee will be added onto the next weeks payment. Unless prior arrangements have been made with the provider (ex. after care). This fee is to encourage parents/guardians to arrive on time to pick up their children and honor the contracted time.

There will be a sign in and sign out sheet that must be initialed by the parent every day at drop-off/ pickup.

Late Pickup: 1 time: warning, 2: warning, 3: fee charged at 5:35pm and every 10 minutes after (ex. at 5:45pm another \$15 is accumulated)

I _____ (parent/guardian initials) acknowledges, accepts, and hereby agrees to pay all penalties (if any accrued) during this contract period on the Monday after the fee is incurred.

Snacks/Meals

Childcare will provide morning snack and evening snack, but healthy peanut free **main meals** should be provided by parent. Children can bring in breakfast for the mornings if they wish to finish at our location.

*For more information about snacks and meals please refer to the Parent Handbook.

Illness Policy/ Daily Procedure

Temperature will be checked daily by childcare provider before child enters the indoor academy area. The childcare provider will record temperature, time, and date.

If child has any other concerning bodily movements/symptoms (that are not related to COVID) that present themselves after being dropped off, the parent must come back to the location immediately to retrieve the child. Children presenting any unusual symptoms and/or bodily movements are not permitted to attend until they are symptom-free for 24 hours. This is done for the safety of the greater community, other children, and staff. This decision is based on the administrator's experienced judgment of what is in the best interest of the affected child and surrounding community.

I _____ (parent/guardian initials) acknowledge and accept above mentioned agreement and stipulations.

If the child is injured at all during any time under our care, I will immediately notify the parent and give them an injury form at the time of pickup. I will respond in the necessary and applicable trained method to assist the child.

**I am Certified in CPR, First Aid, Medication Administration, Sudden Infant Death, Emergency Disaster and Preparedness, Communicable Disease Prevention in Childcare, Child Safety, Disability, Children with Special Needs, Wilderness First Aid, Child Abuse and Prevention, Traveling with Children, Safe Sleep for Infants and Toddlers.*

Please refer to Parent Handbook for COVID information and procedures.

If the child, immediate family (living within the house), or recently contacted individuals presenting any COVID-19 symptoms the parent(s)/gradian(s) will notify the administration as soon as the information is known or there is any reason for suspicion. The child will not be permitted to return until the child has tested negative.

If the child, immediate family (living within the house), or recently contacted individuals presenting any communicable disease/ illness (e.g. hand-foot-mouth disease, molluscum contagiosum etc.) symptoms the parent(s)/gradian(s) will notify the administration as soon

as the information is known or there is any reason for suspicion. The child will not be permitted to return until the child has tested negative and approved (written document required) by a medical professional.

I _____ (parent/guardian initials) acknowledge and accept above mentioned agreement and stipulations.

Termination

In situations that affect the safety/health of all children there will be no penalty for termination on either side. Provider may terminate contract at any given point as long as there is appropriate reasoning (e.g. endangering other children or themselves) or if parent(s)/guardian(s) fail to make timely payment, service may be terminated immediately. Parent(s)/guardian(s) can terminate contract at any point in time given 1-month prior written notice, if 1-month prior written notice is not given there will be a fee of two week's tuition due on the Monday before the last day of attendance. For more detailed information on the termination policy please refer to the Parent Handbook.

I _____ (parent/guardian initials) acknowledge and accept above mentioned agreement and stipulations as mentioned in the Provider Agreement and Parent Handbook.

Signatures/Confirmation

I/We hereby agree that the terms and conditions of this contract can be changed only through mutual consent of all parties involved and must be done so in writing. This document will be updated yearly with both parties present. I/We verify that this document was not signed based on coercion and all parties were of sound state/mind.

Parent/Guardian Signature _____ Date: _____

Provider Signature _____ Date: _____

I _____ (parent/guardian name printed) have fully read, understood, and accepted the conditions of this Provider Agreement and Parent Handbook (found online) and have made a copy of all related documents
_____ (parent's initial).