

My Little Stars
Family Day Care & Preschool



12 Pammer Road
Youngsville, NY 12791
845-594-4282
www.mylittlestars.org

2025 Child Care Contract

PARENT AGREEMENTS: Please read, initial, and then sign below.

_____ I have read the Family Handbook and agree to comply with all provisions contained therein.

_____ A non-refundable deposit of \$275 is required to reserve my spot, and my spot is not guaranteed until this deposit is paid. This deposit will be applied to my first week's tuition provided my child starts on the scheduled start date.

_____ The \$75 registration fee and completed enrollment packet must be received at least three days before my child's scheduled start date. *** CCAP families are responsible for paying the registration fee; OCFS does not pay this fee.*

_____ I understand that My Little Stars is enrollment-based, that I am paying for my child's spot in the program, regardless of the days I use, and that there are no discounts, credits, or refunds for closings, holidays, or absences. *** CCAP families are responsible for paying their tuition out of pocket for all closings and some absences.*

_____ I understand the "NO PAY, NO PLAY POLICY" and I agree to pay my tuition by the end of the business day on Fridays for the upcoming week of care.

_____ I agree to follow my schedule of care as described in this contract and to notify My Little Stars **before** my scheduled drop-off time if my child will be late or absent. I understand there will be a \$25 fee per child if I drop off or pick up my child more than 10 minutes outside my approved schedule of care.

_____ I will provide a ready-to-serve lunch for my child every day. Lunches must be packed in a lunch box or bag. (We do not prepare, cook, or reheat foods. Your child's full name must be written on the lunch box and all non-disposable containers, including bottles and sippy cups. If it's not labeled, we will label it.)

_____ I have reviewed the closing calendar and snow day policy. I understand that it is my responsibility to know when the daycare is closed and to have backup care in place for those days.

_____ I have reviewed and read the Sick Policy and understand that if my child is sick, they may not attend daycare until they have been symptom-free for a minimum of 24 hours without medication or have a doctor's note clearing them to return. I understand that if my child is sent home sick from daycare, they may not return for a minimum of 36 hours and must be symptom-free for a minimum of 24 hours without medication.

_____ I understand a staff member will greet us on the front porch each day for drop-off and pick-up. I agree to download the Brightwheel App and to complete the daily health screening and check my child in and out daily.

Parent Signature

Date

TUITION POLICY AGREEMENT

As an enrollment-based program, we do not offer discounts, credits, or refunds for closings, holidays, or absences. You are paying for your child's spot, you can choose to use 2, 3 or 5 days. You must complete a schedule of care so that we can ensure we have the proper staff available, and you must notify us prior to your scheduled drop-off time if your child will not be attending on any of their scheduled days. Our rates are all-inclusive, with no hidden fees. We have a "No Pay, No Play Tuition Policy". Tuition for the upcoming week of care is due on Fridays by the end of the business day. If tuition is not paid as agreed, your child cannot attend, and your spot may be forfeited.

❖ Infant & Toddler Rate (Age 0 to Age 2)

- \$275 per week per child
- Parents supply all food, diapers, and extra clothing.

❖ Preschool Rate (Age 3 to Age 5)

- \$275 per week per child
- Parents supply lunch & extra clothes.

❖ Before & After School Program Rates: (Age 5+ and registered for K-6)

- \$150 per week per child (Up to 2.5 hours per day)
- 2-Hour Delays or Early Dismissals: Additional \$20 per day per child
- Summer Program: \$250 per week per child.

We charge a \$25 fee per child for early drop-offs or late pick-ups that exceed 10 minutes outside of your schedule of care. This fee will be charged for every additional hour your child remains in care past their scheduled pick-up time. Repeated disregard for our hours of operation, including dropping off or picking up your child outside of your scheduled time more than three times per month, may result in the termination of our services.

Our website has a yearly calendar that includes all scheduled closings for the upcoming year. Our Brightwheel App posts a monthly calendar each month. We also have a Bulletin Board on the porch with two monthly calendars posted. You are responsible for utilizing our resources to know when we are closed.

- ❖ We are closed for ALL FEDERAL HOLIDAYS.
- ❖ We are closed for MOST Sullivan West School District closings. This includes SNOW DAYS & both WINTER & SPRING BREAKS.
- ❖ We may be closed for up to 5 PROFESSIONAL DEVELOPMENT or WELLNESS DAYS.
- ❖ We may be closed for up to 20 days of VACATION time yearly.
- ❖ Occasionally, we have days that we may need to close for SICK or PERSONAL reasons. Like everyone else, we need the occasional day for doctor appointments or family events. We will give as much notice as possible as these types of situations arise.

I acknowledge that I have read and understand the tuition rates, payment policy and late fee policy and agree to the terms therein.

Parent Signature

Date

SCHEDULE OF CARE

Your schedule of care describes the days and times you want to put your child in care each day. It should accurately reflect when you will drop off and pick up your child. It is how we ensure appropriate staff coverage is available at all times. Frequent changes in your schedule of care will depend on the availability of staff, so please make it as accurate as possible.

PLEASE NOTE:

- Our Normal Business Hours are Monday – Friday from 7:30 AM to 4:00 PM.
- You must follow your schedule of care. If you need to make changes, let us know ASAP.
- You must notify us if your child will be late or absent.
- There will be a \$25 fee per child if drop off or pickup falls outside your approved schedule of care.

Childs Name		Childs Age	Childs DOB	Term	
				[] All Year [] Summer	
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	
Childs Name		Childs Age	Childs DOB	Term	
				[] All Year [] Summer	
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	
Childs Name		Childs Age	Childs DOB	Term	
				[] All Year [] Summer	
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	

Our weekly tuition rate is \$275 per child.

Parent Signature

Date

CHILD RELEASE FORM

I give the following people permission to pick up my child from Little Stars Family Day Care. I understand that if the person picking your child up is not on this form, my child will not be released to that person.

<u>Name:</u>	<u>Phone:</u>	<u>Relationship to Child:</u>

**** Please advise anyone picking up your child that they must present a valid NYS ID.**

MISCELLANEOUS PERMISSION SLIPS:

The following permission slips are required by NYS. Please write YES or NO in the space and sign the bottom of the paper.

1. _____ I give My Little Stars my permission to photograph my child. I understand that all pictures are the sole property of My Little Stars Family Day Care and may be used for both personal and business purposes.
2. _____ I will apply sunscreen to my child every morning BEFORE dropping them off at daycare from March 20 to September 21. I give my permission to My Little Stars to apply sunscreen as needed through the remainder of the day.
3. _____ I give my permission for my school aged child to play outside at My Little Stars without direct supervision. I understand that staff will check on my child every 15 minutes.
4. _____ I give my permission for my child to rest on a [] On a cot or [] In a playpen. I understand that all the children in care will be given the opportunity to rest for a minimum of 45 minutes. I understand that My Little Stars will not keep my child awake during naptime for any reason. Nap time occurs after lunch in the playroom. Children will be in direct visual contact with the provider during naptime.
5. I give my permission for My Little Stars to feed my child [] Formula or [] Breast Milk on the following Feeding Schedule:
 - A. I give my permission to My Little Stars to give my child _____ ounce premade bottles that I supply [] whenever my child is hungry **OR** [] every _____ hours.
 - B. I give my permission to My Little Stars to give my child _____ ounce bottles made from formula I supply [] whenever he/she is hungry **OR** [] every _____ hours.
 - C. I give my permission to My Little Stars to make _____ ounce bottles (1 Scoop formula to every 2 oz water or as per the directions on the can) with the formula I supply for my child.

Parent Signature

Date