



## Cecilia's Schoolhouse

8632 E. 27<sup>th</sup> Pl.  
Tucson Arizona 85710  
Ph: (520) 288-6451

### Parent/Provider agreement

This agreement is between \_\_\_\_\_, parents of \_\_\_\_\_ and Charlett Delmars owner/ operator of Cecilia's Blessings LLC., and is effective as of \_\_\_\_\_. Both parties agree to the following terms, with the understanding that we shall work together on behalf of the child/ren.

#### School hours 8am-4pm

Drop off time \_\_\_\_\_ am, pm

Pick up time \_\_\_\_\_ am, pm

#### Please circle

Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

We are open according to the following schedule:

Sunday	by appointment only	
Monday	12am to	11:59pm
Tuesday	12am to	11:59pm
Wednesday	12am to	11:59pm
Thursday	12am to	11:59pm
Friday	12am to	6pm
Saturday	by appointment only	



### **Absences, appointments, and early pickups**

please notify me of appointments and early pick-ups so that I can have your child/ren ready and make sure we are in the home when you arrive for pick-up as we sometimes go for walks through the neighborhood to local parks. **No reimbursements or credit will be given in the event of early pickup or absence. When assignments have been missed a catch-up day may be arranged.**

### **Authorized pick up**

Only authorized individuals are permitted to pick up the child/ren, please list both parents on this document. In case of an emergency someone may pick up your child **only** if I receive prior notification from a parent and the individual picking the child up is at least **18** years old. The person you have chosen to pick up your child **must** have ID and know your 4 digit emergency **PIN** documented here \_\_\_\_\_. This PIN is only used for times of extreme circumstances and not habitually.

If a person must be added to the authorized pick-up list, please provide their names and they will need to present ID at the times of pick-up.

Under **NO** circumstances will a child be released to anyone smelling of alcohol, appearing intoxicated, or under the influence of any substance. In this instance, the police will be notified and required to clear the individual before the child is handed over. I request transparency and open communication to avoid this scenario.

### **Vacations**

If my family takes a vacation, I will schedule one of our employees to cover the hours that I am unavailable. This will allow Cecilia's Blessings to continue service in our absence. Likewise, if your family takes a vacation, we request a month's written notice and \$50.00 per child per week to hold their spot. **Vacation time is defined as 5 or more days with a month's prior written notice. We will provide assignments for homework during this time.**

### **Holidays**

Cecilia's Blessings will be open on all holidays that land on a weekday and will provide service **if the child/ren parents are scheduled to work**. These days will require a **holiday fee of \$20.00** per holiday in addition to the regularly scheduled tuition.

New Year's Day	Martin Luther King Jr., Day
Presidents Day	Memorial Day
Independence Day	Columbus Day
Labor Day	Veterans Day
Thanksgiving Day	Christmas Day



## **Meals**

(provided by childcare)

Breakfast	7:15-8:15am
Snack	10:00-10:30am
Lunch	12:00pm-1:00pm
Snack	3:00pm-4:00pm
Dinner	6:00pm-7:00pm

## **Supplies**

Cecilia's Blessings will provide

arts and craft supplies

educational materials

water bottles

Parents will provide

Child ready to learn

**Children must leave personal toys at home.**

## **Communication**

Cecilia's Blessings will provide communication daily about

Curriculum followed, craft projects, what books we read, Bible story of the week, vocabulary focus, etc.

What your child did during free time activities

Any other pertinent information



## Illness

Children with the following symptoms or a diagnosis of the following illnesses **must** stay home

Temperature of 100F or above

Vomiting 2 or more times in a 24 hour period

Diarrhea 3 or more times in a 24 hour period

Rash

Nits

Eye infection

Sore throat

Any **communicable-disease**

If a child presents with any of the symptoms upon arrival, they will not be admitted. If a child presents with any of these symptoms during the day, parents will be notified and must pick up their child/ren. A medical release **may** be needed prior to the child's return.

## Medication

Any medication **must** be in the original bottle or container. **Prescriptions must** include the original prescription label and instructions. Medications of any kind will only be administered with the completion of a written consent form. **Please hand all medications, forms, and instructions to me or an employee of Cecilia's Blessings.** All medications will be placed in a locked cabinet .

## Tuition and fees

Homeschool 8 am-4 pm	\$145.00 weekly
Extended hours (not to exceed 10 hours total)	\$160.00 weekly
Additional hours	\$7.00 per hour
Weekends (whichever is less)	\$50.00 daily or \$7.00 hourly
Holiday	\$20.00



**Tuition is due at the beginning of each week. A late fee of 5.00 per day will be assessed when necessary.**

A late pickup fee of 5.00 every 15 minutes will be enforced when necessary, **Unless previously arranged and approved in writing.**

This agreement will be updated and signed annually

Cecilia's Blessings requires **cash** payments and a receipt will be provided.

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We have read and agree to the terms outlined in the above parent/ provider contract

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Please initial

\_\_\_\_\_ It is important to note that Cecilia's Blessings is a **Christian based childcare and schoolhouse** we will encourage Christian principals including but not limited to the study of Bible stories and prayer before meals.



**Emergency Contact (please provide two that do not reside together)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_



## Child Personal Information

Name

Nickname

Date of birth

Likes

Dislikes

Favorite color

Favorite activity

Any medical conditions we need to know about?