



Cecilia's Blessings Childcare Services

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

Parent/Provider agreement

This agreement is between _____, parents of _____ and Charlett Olajide owner/ operator of Cecilia's Blessings, 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.

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 pick-ups

Please notify me of appointments and early pick-ups so that we can have your child 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 pick up or absence.**



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 your family takes a vacation, we request a one months' 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.**

_____ 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 \$25.00 per child 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 (snacks are provided and meals are available)

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 diapers, wipes, arts and craft supplies, educational materials

Parents will provide:

change of clothes

formula

water bottles

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

Communication

Cecilia's Blessings will provide communication daily about

What your child ate, when and how much

Diaper changes times and consistency, "pottie" times and level of assistance required to encourage progress during "pottie" training

Curriculum followed, craft project, 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 these 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. **No credit or refunds are given for these circumstances**

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

Full time (32-50 hours per week)
7 weeks to 12 months \$220.00
Years 1-2 \$220.00
Years 3-5 \$220.00
Years 6-12 \$200.00

Part time (less than 32 hours per week)
7 weeks to 12 months \$160.00
Years 1-2 \$160.00
Years 3-5 \$160.00
Years 6-12 \$140.00

_____ Additional, weekend and overnight care 8pm-4am \$50

If you pick up or drop off in this range at anytime during your week an additional \$50 will be charged for weekend/ night care



Drop in rates

These are visits outside of a client's regularly scheduled times and are in addition to their set tuition (examples may be emergencies, date nights, etc.) These times would be a minimum of 3 hours at a rate of \$10.00 per hour per child or \$60 per day up to 10 hours.

_____ Tuition is due on or before Monday of each week. (children will not be permitted if tuition is not received.) A late fee of \$15.00 per day will be assessed when necessary. In cases of late pick up a fee of \$5.00 will be assessed for every 15 minutes. Unless previously **arranged and approved** in writing. (text is sufficient for this)

This agreement will be updated and signed annually
Cecilia's Blessings requires Zelle or Cash payments and a receipt will be provided.

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 principles including but not limited to the study of Bible stories and prayer before meals

_____ If a child has received the COVID 19 gene therapy "vaccine" unfortunately Cecilia's Blessings is unable to admit them for attendance because of liability

_____ We require a 2 weeks written notice (NOT text message) when a child is transferring schools or discontinuing services. Regular tuition is required for the final weeks whether the child/ren attend or not.



Parent Personal Information

Dad full name _____ Phone _____

Address _____

Employment

Company name _____ Position _____

Address _____ Phone _____

Parent Personal Information

Mom full name _____ Phone _____

Address _____

Employment

Company name _____ Position _____

Address _____ Phone _____



Child Fact Sheet

Name _____ Nick name _____

Allergies _____

Medical Conditions or needs

Likes _____

Dislikes _____

Favorite healthy foods _____

Authorized to pick up (must bring ID)

Full name _____ Phone _____

Full name _____ Phone _____

Full name _____ Phone _____

Extra Information