



## 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 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