

Imagination Time LLC Child Care & Pre-school
1920 West 250 North St #16, Marriott-Slaterville, Utah 84404

Enrollment Date:_____Child's Name:_____

Date of birth:_____Preferred Name:_____Gender:_____

Provide a 4 digit door access code:_____Child's Resides With:_____

Ethnicity (Check one:) Hispanic or Latino Not Hispanic or Latino

Race (Check one or more) American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or other Pacific Islander

Guardian's Name:_____Personal Phone:_____

Employer:_____Work Phone:_____

Guardian's Address:_____

Personal E-mail contact:_____Relationship to child:_____

Secondary Contact:

Guardian's Name:_____Personal Phone:_____

Employer:_____Work Phone:_____

Guardian's Address:_____

Personal E-mail contact:_____Relationship to child:_____

At least one email address will be required in order to create your online account.

Who can we thank for telling you about us?_____

Any additional information about parents or guardians:

Parent/Guardian Signature:_____Date:_____

Representative of Imagination Time LLC:_____Date:_____

The mission of Imagination Time LLC is to:

Provide a child care environment which supports the physical, social, and emotional needs of the child in care.

Review the entire contract for all obligations and responsibilities.

Imagination Time LLC Agrees to:

- Maintain a spot for your childcare needs when current Imagination Time LLC rates are being paid in full and the terms of this contract are being met.
- Inform the PARENT/GUARDIAN in writing if child care services will be terminated.

THE PARENT/GUARDIAN AGREES TO: (initial each line)

_____ Pay the provider the agreed upon rate at the agreed upon time (in advance; payments are due Monday at the scheduled drop-off time for the entire week's care).

_____ Payments will be made for child care regardless of attendance. This will keep your child's space reserved. Payments are paid even when child misses care for any reason (i.e. sick, vacation, time with other family, holidays, etc.). Criteria for earning vacation time without tuition expenses is addressed in the payment agreement.

_____ Inform the child care provider 24 hours in advance if the child cannot be dropped off or picked up at the usual time.

_____ Provide a clean change of clothes for the child. Parents will be billed \$5 for each clothing item provided by Imagination Time which is not returned and \$1 for each borrowed clothing item.

_____ Provide (if applicable) diapers, baby wipes, bottles, and formula.

_____ Pay the amount of \$1.00 for each diaper used by the provider when child has no parent/guardian supplied diapers.

_____ Pay the amount of \$5.00 for a refill pack of diaper wipes when the provider has to supply wipes for a diaper change.

_____ Special accommodations will only be permitted if accompanied by a doctor's note stating that it is required. Parents will then need to provide for said accommodations (i.e. provide soy milk, gluten free snack, etc.). Menus are provided for your knowledge.

_____ Provide blanket and crib sheet (small pillow optional) which can fit in a cubby. These items must be taken home and washed each week by the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Outside food and drink creates many problems and will not be allowed unless for special dietary needs and accompanied by a doctor’s note.

_____ I will not send my child with outside food or drink unless pre-approved by a Director and is required as part of a doctor mandated diet.

_____ Report any change of address, telephone or employment to the provider immediately.

_____ Inform the provider at least **TWO WEEKS** in advance if services will be terminated.

_____ Parent/guardian will cover the cost of replacement or repair for any damages to equipment or property (i.e. toys, play equipment, facility, other children’s property, etc.) by child/ parent over \$25.00 in value.

_____ Make sure the child has a current physical and all immunizations are up-to-date, and provide proof to child care provider.

_____ Inform the provider immediately of any illness, fever (over 100.4F), or contagious disease that the child might have or has been in contact with. I agree to pick the child up if they are running a fever or ill. If I fail to pick up my child within 30 min of being contacted (via text, phone call, voicemail, messenger, etc.) I agree to pay the fees/penalties (“Individualized High Rate Care”) stated later in this contract. There are high risk children (esp. babies) in this daycare who cannot be exposed to even colds, due to the risk of more serious and potentially FATAL illness. **A cold in a 5yr old can kill a baby.**

Do not bring your child if he/she has any of the following symptoms: Sore Throat. Fever (over 100.4 F). Swollen Glands. Diarrhea. Vomiting. Eye Infection. Hard Coughing. Runny Nose (green). If your child becomes ill after arriving you will be notified immediately and you will need to pick him/her up as soon as possible. The child may not return until well or accompanied by a doctor’s note. This is a State of Utah Health Department rule. These rules are for the protection of your child and the others in care.

_____ I agree to follow the INFORMATION AND PREVENTION GUIDELINES FOR CHILD CARE CENTERS AND SCHOOLS and not bring my children when sick or contagious, or unless cleared in writing by a Doctor. Guidance can be found at:

http://health.utah.gov/epi/school_childcare/daycarebook.pdf

_____ I agree that failure to follow the policy for health and wellness may result in termination of services and forfeiture of any amounts paid.

_____ I agree that if I bring my child to care, knowing that they may be infected/contagious with an illness that could cause the childcare facility to be forced to close and sanitized, that I will be liable for any and all costs associated with that closure. These costs include but are not limited to cleaning and sanitizing costs, costs to have the Government (Federal, State, County, City) approve reopen, lost income, healthcare treatment (including diagnostic tests) of potentially infected staff and other childcare clients, and any other costs incurred to make Imagination Time LLC whole.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

In Case of Emergency

_____ In case of an emergency or serious illness, I hereby authorize the Imagination Time LLC to obtain emergency medical care; i.e. physician, dentist, paramedics, or other emergency agents. Imagination Time is also authorized to obtain or provide emergency medical transportation. If needed, I authorize the administration of CPR.

_____ I understand and agree that I am responsible for any bills as a result of a medical emergency.

_____ In case of a disaster, I understand that my child will be kept on the premises until they are picked up by an authorized individual. This is as long as the facility is safe and there have been no additional directions given by the State of Utah or emergency responders.

For minor emergencies we will rendezvous at the building across the parking lot from our entrance. For major disasters we will rendezvous at Pioneer Elementary School.

If there is an emergency, I prefer that Imagination Time LLC obtain emergency services from _____ Hospital. I also prefer that my child's primary care physician is used. His/Her name is: _____ and he/she works at: _____ Their Phone number is: _____

Only those who are on this list will be permitted to pick your child up. They must show a photo ID or know a "password". Passwords help new providers give children to the correct guardian. Your child's password is: _____

Alternate contact to call in case of illness/emergency and parent/guardian cannot be reached

Name: _____ Relation: _____

Telephone Number(s): _____

Address: _____

Emergency contacts (other than parents) and persons authorized to pick-up the child (Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

Check if there are no emergency contacts available, other than parents.

Check if there are no persons authorized to pick up the child, other than parents.

Name	Relationship to Child	Address	Phone #
_____	_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Name of Child: _____ Birth Date: _____

Check All That Apply, does your child have any known allergies or sensitivities to:

No Yes If yes, please list:

Medications_ Foods _____

Other _____

Illnesses or Medical Conditions: Does your child have any of the following conditions? No

Yes

Asthma

Visual Impairment Diabetes

Developmental Delays

Seizures

Physical Impairment Heart

Problems

Behavioral or Emotional Problems

Hearing Impairment

Other: _____

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes:

Name of Child's Medical Provider:

I understand that Imagination Time LLC can only give medication that is accompanied with a medical release form (see following page). Imagination Time LLC can only give prescribed medication if the correct date is on the bottle. The bottle must also have the name of the child whom it is being administered to, the correct procedures for administering the medication, and the physician's name and number marked clearly on the bottle.

_____By signing below the parent/guardian is giving Imagination Time LLC permission to provide nonprescription medication such as Tylenol or Ibuprofen that has been provided by the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Financial Agreement Parent/Guardian (1)

_____ Both Parents/Guardians must sign all financial documents separately. Each child in care must have 2 Financial Agreement documents (one signed by each Parent/Guardian). If funds cannot be pulled from the Primary account listed, the Secondary account will be used. By signing this document, each Parent/Guardian is bound to all financial obligations and any penalties/fees incurred.

My weekly tuition rate is the standard full price weekly rate established by Imagination Time LLC. A copy of the current weekly rate schedule will be provided with this contract.

_____ Child care is provided for **50 hours or less** Monday through Friday, ONLY DURING THE NORMAL SCHEDULED HOURS AGREED UPON IN THIS DOCUMENT. Care that exceeds 50 hours during any week will be billed at an hourly rate of \$20.00/hour per child.

_____ **All Payments MUST be made in advance of care provided.**

_____ Payments can be made up to one month in advance and must be made in advance of services provided. Payments are due no later than the scheduled drop off time on the Monday (or on Tuesday, if Monday is a bank holiday) of the week that care is being provided for. **Payments must be made regardless of attendance. Refunds will not be given.** If payment is not made in full on time, late fees will apply and services will no longer be provided. If children are dropped off and payments are not current, the Imagination Time LLC reserves the right to do any, or all of the following; refuse to provide care, contact emergency contacts to have the child picked up immediately, contact individuals on approved pick-up list to have child picked up immediately, or contact the authorities.

_____ If you pick-up after your daily scheduled pick-up time shown in this contract (**Not at the daycare's closing time**), a late pick-up fee will be added to your account. Late pick-up fees will charged at \$1 per minute and will round up to the nearest \$5 increment. Late pick-up fees will be charged a \$20/day late fee after 24 hours if not paid in full.

_____ Accounts which have any outstanding balances (Tuition and/or fees) are charged an additional \$20/day until the account is paid in full.

_____ Any returned checks or "declined" payments will be viewed as individual incidents and will each be charged a fee of \$50.00. Payments can be made with Venmo, cash, check, credit card, debit card, ACH, or a direct deposit to America First Credit Union, Horizon Credit Union, Golden West Credit Union account or online at www.myprocare.com

_____ By signing this document, the Parent/Guardian is agreeing to the conditions of this financial agreement and agree that they understand their personal obligation and responsibilities for payment. In the event payment under this agreement is not made at the time and in the manners required, the Parent/Guardian agrees to pay all costs incurred by Imagination Time LLC or any of its agents, for contract enforcement and collections including attorney's fees, court costs, and any charges or up to 50% commission that may be assessed by a collection agency retained to pursue this matter.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Financial Agreement Parent/Guardian (2)

_____ Both Parents/Guardians must sign all financial documents separately. Each child in care must have 2 Financial Agreement documents (one signed by each Parent/Guardian). If funds cannot be pulled from the Primary account listed, the Secondary account will be used. By signing this document, each Parent/Guardian is bound to all financial obligations and any penalties/fees incurred.

My weekly tuition rate is the standard full price weekly rate established by Imagination Time LLC. A copy of the current weekly rate schedule will be provided with this contract.

_____ Child care is provided for **50 hours or less** Monday through Friday, ONLY DURING THE NORMAL SCHEDULED HOURS AGREED UPON IN THIS DOCUMENT. Care that exceeds 50 hours during any week will be billed at an hourly rate of \$20.00/hour per child.

_____ **All Payments MUST be made in advance of care provided.**

_____ Payments can be made up to one month in advance and must be made in advance of services provided. Payments are due no later than the scheduled drop off time on the Monday (or on Tuesday, if Monday is a bank holiday) of the week that care is being provided for. **Payments must be made regardless of attendance. Refunds will not be given.** If payment is not made in full on time, late fees will apply and services will no longer be provided. If children are dropped off and payments are not current, the Imagination Time LLC reserves the right to do any, or all of the following; refuse to provide care, contact emergency contacts to have the child picked up immediately, contact individuals on approved pick-up list to have child picked up immediately, or contact the authorities.

_____ If you pick-up after your daily scheduled pick-up time shown in this contract (**Not at the daycare's closing time**), a late pick-up fee will be added to your account. Late pick-up fees will charged at \$1 per minute and will round up to the nearest \$5 increment. Late pick-up fees will be charged a \$20/day late fee after 24 hours if not paid in full.

_____ Accounts which have any outstanding balances (Tuition and/or fees) are charged an additional \$20/day until the account is paid in full.

_____ Any returned checks or "declined" payments will be viewed as individual incidents and will each be charged a fee of \$50.00. Payments can be made with Venmo, cash, check, credit card, debit card, ACH, or a direct deposit to America First Credit Union, Horizon Credit Union, Golden West Credit Union account or online at www.myprocare.com

_____ By signing this document, the Parent/Guardian is agreeing to the conditions of this financial agreement and agree that they understand their personal obligation and responsibilities for payment. In the event payment under this agreement is not made at the time and in the manners required, the Parent/Guardian agrees to pay all costs incurred by Imagination Time LLC or any of their agents, for contract enforcement and collections including attorney's fees, court costs, and any charges or up to 50% commission that may be assessed by a collection agency retained to pursue this matter.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

I, _____, authorize Imagination Time LLC or any of their agents to charge my bank account manually if I fail to make my childcare payment as scheduled or if I have any outstanding fees, penalties or balances. Payments are due no later than the scheduled drop off time on the Monday (or on Tuesday, if Monday is a bank holiday) of the week that care is being provided for. If payment is not made in full or on time (including any applicable fees) I understand that my credit card will be charged on Wednesday of that week for any outstanding amounts with an additional 2.5% administrative fee. I understand that my information will be saved on file, and may be charged for any outstanding amounts on my account.

_____ Both Parents/Guardians must sign all financial documents separately. Each child in care must have 2 Financial Agreement documents (one signed by each Parent/Guardian). If funds cannot be pulled from the Primary account listed, the Secondary account will be used. By signing this document, each Parent/Guardian is bound to all financial obligations and any penalties/fees incurred.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Schedule

Child care services will be provided as follows:

Day of the week	Normal Drop-off time	Normal Pick-up time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

_____ I understand that my selected times above will be the basis for being assessed additional care fees. If I need to make drop-offs early or pick-ups late for any reason I will be billed an extra \$1 (rounded up to the nearest \$5 increment) per child for every minute outside of my scheduled time. Additional care fees will be charged a \$20/day late fee after 24 hours if not paid in full. **Permanent schedule changes must be submitted to the director/owner in writing 2 weeks in advance of the change. Approval of the request cannot be guaranteed and may be disapproved.**

_____ Due to my work schedule there may be times when I am required to drop-off or pick-up at different times than my "normal" times indicated in the table above. **I understand that I need to inform Imagination Time LLC at least 24 hours in advance** of any temporary change and will do my best to make it a week in advance when I need to use these times.

_____ I agree that the total hours shown in the table above will not exceed 50hrs/week.

_____ I agree that if my total hours listed in the table above exceed 50hrs/wk that I am reserving a spot for excessive hours, and my weekly tuition rate will be increased by \$20 per hour per child regardless of if the total hours were used.

Late drop-offs or early pick-ups are always okay. No drop-offs will be permitted after 10am without written prior approval.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Holiday Hours

The following schedule will be applied every year for holidays:

- New Year's Day – Closed
- Memorial Day - Closed
- Independence Day - Closed
- Labor Day – Closed
- Halloween – **Close Early**
- The Day Before Thanksgiving - Closed
- Thanksgiving Day – Closed
- Black Friday (Friday after Thanksgiving) - Closed
- Christmas Eve - Closed
- Christmas Day - Closed
- The Day After Christmas - Closed
- New Year's Eve - Closed

_____ Imagination Time LLC will be closed or have reduced hours (as shown in the list above) each year. Alternate arrangements for care on these holidays will need to be made. All payments will need to be made on-time and in full regardless of the holiday schedule. If a holiday occurs on a Monday and banks are closed, payments should be made on the next business day.

_____ I agree that if I pick up late on any of the early close days listed above (The day before Thanksgiving, Christmas Ever, or New Year's Eve) that in addition to any applicable late fees due, I will also pay a penalty rate of \$85 per hour, per child. This penalty rate will be charge beginning with the first minute late, and will be added at the beginning of any hour increment thereafter.

_____ If a holiday falls on a weekend, Imagination Time LLC will close on either the Friday prior, or Monday following the holiday. This information will be provided to me closer to the time of closure

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Transportation

I give Imagination Time permission to transport my child for the following reasons;
(Please check all that apply and initial in space provided to the right).

Field Trips _____

School _____

Emergencies _____

Vehicles used for transportation have current automobile insurance, a first aid kit (Child care licensing compliant), and age appropriate safety seats. Drivers have had their driving records checked and are insured.

_____ I understand that Imagination Time has various car seats, but that I may need to provide a specific one for use to transport my child.

Photo and Image Release

My child's name is:_____. I give permission for Imagination Time LLC to use my child's name and images in the following ways (check all that apply);

- Imagination Time's private Facebook page
- Around the classroom and daycare
- Please DO NOT use my child's name when posting images
- Please DO NOT use my child's name or image in any way

Parent/Guardian Signature:_____Date:_____

Representative of Imagination Time LLC:_____Date:_____

Elementary School Transportation

_____ I understand I am required to fill out a school transportation request form EACH WEEK. This form confirms to the staff what my child's transportation needs for the week are.

Due to having children in multiple schools, as well as varying school schedules, hours, and days off, we rely on parents to assist in this process each week. Please check with Imagination Time LLC management as to whether AM or PM kindergarten would be best.

Imagination Time Child Care and Pre-School provides school transportation to select schools based on yearly clientele needs. In some cases the demand for a school is so low we cannot provide transportation. Please ask the staff prior to enrolling your child if we will be able to meet your transportation needs.

My child has the following school transportation needs:

School: _____

Day of the week	Normal Drop-off time	Normal Pick-up time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If you require transportation to a school not currently listed, please indicate that below as well as what school year your child will be enrolled in school (We cannot guarantee transportation to any school not currently receiving transportation):

School: _____

School Year: _____

_____ If I fail to notify Imagination Time LLC that my child does not require school transportation due to not being at school or leaving early (or staying late) for any reason I agree to pay a fee of \$25. If my child requires transportation and I do not provide advance notice to Imagination Time LLC of that need, I understand that my child will not be picked up, and agree to pick up my own child from school.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Vacation Period

After using Imagination Time LLC for full time child care services for a full year (and making on-time payments for a year at the current published Imagination Time LLC rates), parents may be eligible to request a one week "Vacation Period". A "Vacation Period" is defined as when payments do not need to be made when the child does not use child care services for one complete calendar week.

Details about your "Vacation Period":

- Imagination Time LLC must be notified 30 days in advance of plans to use your "Vacation Period"
- Your child will need to be absent from the daycare for the entire vacation week
- It can be used one time per calendar year (January 1st - December 31st)
- Only 5 children per week total may use their "vacation period" per week
- Use of the "Vacation Period" will be given on a first come first serve basis

This "Vacation Period" benefit is provided as a "bonus", and Imagination Time LLC management reserves the right to refuse any vacation period request for any reason, or cancel this "bonus" at the sole discretion of Imagination Time LLC. The "Vacation Period" has no cash value, and cannot be modified or used in any other fashion. The "Vacation Period" cannot be used if a termination notice has been issued, if services at Imagination Time LLC are set to end, or if there are any outstanding balances due on the account.

If your child is absent from care for any *unpaid* period of time (with the exception of an approved "Vacation Period" discussed in this section), you will not be eligible for a "vacation period", and the child may lose their spot at Imagination Time LLC. Examples of unpaid time off include, but are not limited to: Taking the summer off from care, or taking off care while parent is on maternity leave. Please speak to a member of the management team if you have any questions on unpaid leave, and its impact on your child's spot at Imagination Time LLC.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

First Day Checklist

- Signed and completed contract
- Immunization records
- Diapers/wipes
- Pacifier (if applicable)
- Change of clothes (all ages)
- Blanket and sheet
- 4x6 family photo
- Email child's photo to north.itcc@gmail.com for account I.D.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Enhanced Teaching Environment for School Aged Children

During the COVID-19 outbreak, school aged children were not able to finish their school work in their classrooms and the obligation to teach the children fell onto the parents or childcare providers. As schools look for creative solutions to return to full class sizes, there is a possibility that normal school services may not be available for an extended period of time. Additionally, with the potential for future closures from disease or illness, Imagination Time LLC is taking proactive steps to help parents ensure their children have an environment to work on school work and have a teacher available to support their needs.

For an additional fee to cover the added costs of teaching school curriculum and providing support for worksheets, projects, and other school materials, Imagination Time LLC will work on school work and provide a scheduled and structured environment which help promote a learning.

As the need for these services arise, rates or fees will be established at that time. Please contact Missy Monsivais directly if you are in a situation where school services are not provided and Imagination Time LLC will need to provide those services as well.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____

Individualized High Rate Care

____ During the course of child care there may arise instances where a parent is notified that their child needs to be picked up from care. These reasons include but are not limited to; the child vomiting, running a fever, having a medical condition, the child being violent, the child posing a risk to other children, themselves, or staff. A child who must leave care is not able to remain with their class, and thus requires additional care and attention from staff. **When a parent is notified that their child must be removed from care, the parent will be given a 30 minute grace period to pick up their child.** If after 30 minutes the child has not been picked up from care, the parent will be charged a High Rate Care amount of \$85 per hour per child. This rate will be charged after the 30 minute grace period has lapsed, and will then be charged again on the hour, at the beginning of every our thereafter, calculating from the time the parent was first notified that their child needed to be picked up.

Closure

____ If Imagination time LLC is temporarily closed due to any of the following reasons; pandemic, weather, earthquake, flood, wind, power outage, City, County, State, or Federal mandate, Act of God, or for any other reason, this contract will remain in force and payments will still be required. If the closure becomes a long term closure lasting more than 30 days, Imagination time will work with their clients to determine the best path forward based on the relevant information at that time.

Sibling/Family Illness

____ I understand and agree, that if a sibling or family member residing in the house is ill, no children from that home will be allowed in care. If care is being provided for siblings from the same family, at no time will one sibling be allowed to come to care while the other sibling is home sick. All siblings will be excluded from care until all siblings are showing no signs of illness (Please see previous section of contract for health guidelines on when a child may come to care). If one sibling is picked up from care due to illness, all siblings will be required to leave at the same time.

Parent/Guardian Signature: _____ Date: _____

Representative of Imagination Time LLC: _____ Date: _____