

Imagination Time LLC Child Care & Pre-school  
65W 960S Tremonton, Utah 84337

Enrollment Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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, no amounts are past due, 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 may be purchased for \$3) 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 number 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.

\_\_\_\_\_ Ensure all immunizations are up-to-date, and provide proof to Imagination Time LLC.

\_\_\_\_\_ 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.**

**By signing this document, I agree to not bring my child if he/she has had any of the following symptoms within the last 24 hours: Sore Throat. Fever (over 100.4 F). Swollen Glands, Diarrhea. Vomiting. Eye Infection. Hard Coughing. Runny Nose (green). If my child becomes ill after arriving I will be notified immediately and I agree to pick him/her up within 30 min. I agree that my child will not return until well (symptom free for 24 hours) or accompanied by a doctor’s note. I understand that this is a State of Utah Health Department rule and that these rules are for the protection of my child, the daycare employees, and the other children 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. Additional guidance can be found at:

[http://health.utah.gov/epi/school\\_childcare/daycarebook.pdf](http://health.utah.gov/epi/school_childcare/daycarebook.pdf)

\_\_\_\_\_ I agree that failure to follow Imagination Time LLC’s guidelines for sick, symptomatic, or potentially contagious children 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 close and be 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, cost to have the Government (Federal, State, County, City) approve reopening, lost income to Imagination Time LLC, its owners, and its employees, costs for healthcare treatment (including diagnostic tests) of potentially infected staff and other childcare clients, and any other costs deemed reasonable by Imagination Time LLC or its legal counsel 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 services. Imagination Time LLC and it's agents are also authorized to obtain or provide emergency medical transportation or administer CPR or other First Aid if it is deemed necessary.

\_\_\_\_\_ I understand and agree that I am responsible for any bills, charges, fees, etc incurred as part of a medical emergency or emergency care being rendered.

\_\_\_\_\_ 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. Children will remain on site 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 neighborhood mailbox on the street near our facility. For major disasters we will rendezvous at church parking lot at 1150 S Tremont St.

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of Imagination Time LLC: \_\_\_\_\_ Date: \_\_\_\_\_

Out of area/State contact name (if available):

Name	Relationship to Child	Address	Phone #
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\_\_\_\_\_

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/special instructions Imagination Time LLC needs to be aware of:

List any regular doctor prescribed medications your child takes:

\_\_\_\_\_ 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 label.

\_\_\_\_\_By signing below the parent/guardian is giving Imagination Time LLC permission to provide nonprescription medication such as Tylenol, Ibuprofen, or Benadryl 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.

\_\_\_\_\_ **I agree to pay in full, all tuition in advance of care being 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 and on time, late fees will apply and services will no longer be provided. If children are dropped off and payments are not current, I understand that Imagination Time LLC will 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 local/State authorities (i.e. DCFS).

\_\_\_\_\_ If I pick-up after the 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 my account. Late pick-up fees will be 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.

\_\_\_\_\_ If my account has any outstanding balances (Tuition and/or fees) I agree to pay an additional \$20/day until the account is paid in full.

\_\_\_\_\_ Any "declined" payments for any reason 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, a direct deposit to any of the following Credit Unions; America First Credit Union, Horizon Credit Union, Golden West Credit Union or paid online at [www.myprocare.com](http://www.myprocare.com)

By signing this document, the Parent/Guardian is agreeing to the conditions of this financial agreement and agrees 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 personally 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.

\_\_\_\_\_ **I agree to pay in full, all tuition in advance of care being 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 and on time, late fees will apply and services will no longer be provided. If children are dropped off and payments are not current, I understand that Imagination Time LLC will 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 local/State authorities (i.e. DCFS).

\_\_\_\_\_ If I pick-up after the 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.

\_\_\_\_\_ If my account has any outstanding balances (Tuition and/or fees) I agree to pay 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, a direct deposit to any of the following Credit Unions; America First Credit Union, Horizon Credit Union, Golden West Credit Union or paid online at [www.myprocare.com](http://www.myprocare.com)

By signing this document, the Parent/Guardian is agreeing to the conditions of this financial agreement and agrees 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 personally 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: \_\_\_\_\_

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 bank account 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 a temporary time change is required.

\_\_\_\_\_ 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.

\_\_\_\_\_ **I understand that No drop-offs will be permitted after 10am without written prior approval.**

\_\_\_\_\_ **Meal times are established as part of a structured daily schedule for the benefit of all the children in care. If I drop off my child outside of the established meal times, I understand that Imagination Time LLC will not be able to provide food for the missed meal. I also understand that if I drop off my child outside of the established meal times, outside food/drink will not be permitted.**

\_\_\_\_\_ I understand that due to staffing constraints, licensing ratios or other reasons, Imagination time LLC may deny any request to change my schedule (temporarily or permanently)

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
- Juneteenth - 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.

\_\_\_\_\_ I understand that all payments are required 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 (i.e.Halloween) 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 charged in full beginning after the first minute late, and will be then charged 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 parents closer to the time of the holiday.

\_\_\_\_\_ I understand that a full week's tuition payment is required every week of the year regardless of holiday closures.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of Imagination Time LLC: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation

I give Imagination Time LLC permission to transport my child for the following reasons; (Please initial in the space provided to the right).

Field Trips \_\_\_\_\_

School \_\_\_\_\_

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 LLC has various car seats. If my child requires a specific carseat, I may be required to provide that carseat. (Must meet age, height, weight requirements, and must not be expired)

Photo and Image Release

My child's name is:\_\_\_\_\_ I give permission for Imagination Time LLC to use my child's name and image as part of normal daycare operations, daycare/classroom activities, corresponding with parent/guardian, private Imagination Time parent Facebook page, and for holiday activities (i.e. Santa, Valentines day, Halloween).

Parent/Guardian Signature:\_\_\_\_\_Date:\_\_\_\_\_

Representative of Imagination Time LLC:\_\_\_\_\_Date:\_\_\_\_\_

Elementary School Transportation

\_\_\_\_\_ I will provide a current school calendar outlining days off, early outs, and other modified school times. I understand that failure to provide such information at least 2 weeks in advance may result in me having to coordinate alternate transportation on those days.

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 LLC tries to provide school transportation to local area elementary schools. We cannot guarantee transportation to any school which we currently are not transporting to. The schools which Imagination Time LLC transports to may change each year. Please check with the director to ensure we can 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 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/dropped off, and agree to provide transportation for my own child to/from school.

\_\_\_\_\_ If I arrive after school transportation has left for my child's school I understand that I will be responsible to transport my own child to their 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 [faith.itcc@gmail.com](mailto:faith.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 is vomiting, running a fever, having a medical condition (or for other health concerns), the child is being violent, or the child is posing a risk to other children, themselves, or staff, etc. 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 or have their child picked up by an approved contact.** If after 30 minutes the child has not been picked up from care, the parent will be charged an “Individualized High Rate Care” amount of \$85/hr 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 hour thereafter, being calculated 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: \_\_\_\_\_