

LITTLE OWLS ACADEMY

SAMPLE CONTRACT

2025/2026

Please read and complete the following pages *in full* and return.

Child Information

Child's Name: CHILD'S NAME DOB: _____ Age: _____
Child's Address & Home Phone: _____
Allergies: _____
Surgeries & Dates: _____
Blood Type: _____ Prescription Medications (& dose): _____
OTC Medications (& dose): _____
Child's Doctor (Name, Address & Phone Number): _____
Are your child's immunizations current? YES or *NO (please attach copy of immunization record)

Your child can not attend if his/her immunizations are out of date.

Child's Insurance Provider: _____ **Group #:** _____
Member Name: _____ **Member ID:** _____
Contract Type: _____ **Effective Date:** _____ **Plan Codes:** _____

Parent/Guardian Information

Mother/Guardian #1

Mother's Name: _____
Home Address & Home Phone (if different than child): _____
Work Name & Address: _____
Work Hours & Days: _____
Work & Cell Phone: _____

Father/Guardian #2

Father's Name: _____
Home Address & Home Phone (if different than child): _____
Work Name & Address: _____
Work Hours & Days: _____
Work & Cell Phone: _____

*Do the parents/guardians of, _____ have a court
mandated visitation or custody agreements? **YES or NO**

**If so please attach copy of court documents.

*Has your child attended another daycare/preschool (private or public) in the past two
years? **YES or NO**

**If yes, what is the reason for removal from this previous placement?

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Emergency Contact Information

(In the event that both parents/guardians are unable to be reached your emergency contacts will be contacted from #1-4; ID must be presented each time the child is picked up by someone other than parent/guardian.)

#1. Name: _____ **Relationship to Child:** _____

Address: _____

Home Number: _____ **Cell Phone:** _____

#2. Name: _____ **Relationship to Child:** _____

Address: _____

Home Number: _____ **Cell Phone:** _____

#3. Name: _____ **Relationship to Child:** _____

Address: _____

Home Number: _____ **Cell Phone:** _____

#4. Name: _____ **Relationship to Child:** _____

Address: _____

Home Number: _____ **Cell Phone:** _____

Any additional information you would like to provide about your child (likes/dislikes):

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Contracted Days and Terms

(Initial & Date line to acknowledge agreement _____)

School-year; This contract is valid from September 1, 2025 through June 12, 2026. Contract is for services, provided to CHILD'S NAME by Laura Gordillo.

Services are provided between the hours of 8:30 a.m. and 4:30 p.m. on the following day(s) MONDAY THROUGH FRIDAY.

Summer Camp; This contract is valid from June 16, 2026 through August 28, 2026 this contract is for services, to be provided to CHILD'S NAME by Laura Gordillo.

Services are provided between the hours of 8:30 a.m. and 4:30 p.m. on the following day(s) TUESDAY THROUGH FRIDAY.

Rate and Terms

(Initial & Date line to acknowledge agreement _____)

The tuition rate is **\$100 per contracted day**. The balance is to be paid monthly on the 1st day of each month. An invoice for the month will be sent via the *Brightwheel parent app*. Invoices are updated and finalized mid-month. Payments may be made; in cash, check, Apple Cash, Zelle, or **Venmo*. ***If paying through Venmo, payment must be sent three (3) days prior to the 1st of the month.** Please make *checks* payable to Little Owls Academy.

Breakfast, Lunch, and Daily Snack

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME understand and acknowledge that it is our responsibility to provide packed, breakfast (if arriving prior to 9am), lunch, and snack daily. Sending foods that are 'ready to eat' (sandwiches etc.) or that require heating/warming (pasta, tenders, etc.) are all acceptable.

Special Foods/Treats

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME give permission for, Laura Gordillo, to provide special treats, snacks, foods that may be used during holidays and lesson connections.

Drop-Off and Pick-Up

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME agree to a drop-off time no later than 9:00 a.m. I (We) understand that in order for our child to attend for the day they must arrive no later than 9:00a.m. A child dropped off past 9 a.m. will be excluded from the day and tuition for this day will not be refunded/credited. If your child arrives at 9:00 a.m. they should be served breakfast at home.

I (We) the parent(s) of CHILD'S NAME agree to a pick-up time no later than 4:30 p.m. late pickups will be charged starting at 1 minute past 4:30pm at a rate of \$30. (for example if pickup occurs at 4:31 it is an additional \$30 charge; if pickup occurs at 4:32 it is an additional \$60 charge).

Absences

(Initial & Date line to acknowledge agreement _____)

The parent(s) of CHILD'S NAME are responsible for the ***full tuition payment** regardless of actual attendance days; tuition is to hold your child's spot in the program and **is not** based on days of actual attendance. If your child is sick, on vacation etc. on a day that he/she is contracted to attend this is a paid day off and will not be reimbursed/credited.

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Termination by Parent/Guardian of Contract

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME understand that it is required to give **four weeks** written (or verbal) notice when deciding to terminate and/or change your child care contract terms. The four weeks must be *paid in full regardless of your child's attendance.

Termination by Provider Due to Behavior

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME understand that in the event that my child exhibits excessive **(3 or more incidents per day)** and/or extreme (hitting, scratching, screaming, throwing objects with intent to hurt) behavior issues; that do not cease within an appropriate amount of time (time frame that is typical of another child of the same age) and/or with the use of the outlined behavior guidelines (behavior modification plan set out by parent(s) and myself -or- redirection, positive reinforcement, removal from the situation, etc.); care for my child **will be terminated immediately** and I must pick up my child within one hour (60 minutes). (If the parent(s) cannot be reached, or have not arrived within an hour, the emergency contact person will be called and asked to come pick the child up.) Upon termination due to excessively aggressive behavior the remaining months tuition **will not** reimbursed/credited.

Termination by Provider Due to Noncompliance

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME understand that in the event that we are not in compliance of this contract or reasonable request of our provider that our services will be terminated immediately and any payments made will be forfeited.

Medical Emergencies

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME understand that minor bumps and scratches are inevitable, but we make every effort to keep the children safe through supervision and childproofing. Minor injuries receive appropriate first aid in house, and if an emergency injury or illness occurs, you will be contacted as soon as possible. If necessary, your child will be taken to the nearest hospital (Inspira Medical in Vineland) where you will be asked to meet us. If you are not going to be at your usual place of employment, or at home, please make sure that we have a number where you can be reached. If you are unable to be reached your first emergency contact will be notified to meet us at the hospital.

Liability

(Initial & Date line to acknowledge agreement _____)

I (We) the parent(s) of CHILD'S NAME understand that I (we) are responsible for **all costs** involved in emergency medical treatment, including emergency transportation, if required. Laura Gordillo and/or home owners of the premises cannot/will not be held liable for any sickness/injury of either parent/guardian or child while on these premises or costs ensued.

Illness Policy

(Initial & Date line to acknowledge agreement _____)

Under no circumstances may a sick (see communicable illness exclusion policy for specific exclusion durations) child be in attendance, if the child shows **any** signs of illness, or is unable to participate (cranky, irritable, excessively crying without ability to be calmed) in the normal routine and regular day program. In the event a child becomes ill (fever of 100 or higher, vomiting, diarrhea more than two occurrences, uncontrollable cough, sudden rash, hives) after being dropped off and needs to be picked up, the parent(s) will be notified and are expected to pick the child within one hour (30 minutes) of notification.

If the parent(s) cannot be reached, or have not arrived within thirty minutes, the first emergency contact person will be called and asked to come pick the child up.

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A sick child will not be permitted to return to care until **cleared medically** and/or **illness specific exclusion time** has elapsed for the communicable illness the child presents with; please see communicable illness exclusion policy for illness specific exclusion durations.

Communicable Illness Outbreak

(Initial & Date line to acknowledge agreement_____)

In the event of an *outbreak of a **communicable illness it will be **required** that each child in attendance be tested for that specific illness. Documentation of a negative lab tested result, prior to returning is required. If the child is not tested, the child will be required to quarantine for the duration of the illnesses contagious period (see list of CDC illness exclusion times). If the child is positive the child can return once medically cleared, treated, and no longer considered contagious. (*two or more cases, **see list of CDC illnesses)

Emergency Closings

(Initial & Date line to acknowledge agreement_____)

In the event that I am required to close (due to illness in myself or family member(s), death in family, or other unscheduled event) you **will not** be required to pay for the unscheduled closed day.

You will receive a reimbursement for the additional closed day(s) as a tuition credit for the current month or the upcoming month if paid in advance. Scheduled contracted days closed are **paid days** as described in the scheduled closings section of this contract and these days **will not** be reimbursed/credited.

Reliable Alternative Care

(Initial & Date line to acknowledge agreement_____)

It is required as part of your contract that each family have **reliable alternative care arrangements** available to them that can be utilized with less than 24 hours' notice if I am required to close due to an emergency or illness and am unable to secure a substitute.

Alternative Care

(Initial & Date line to acknowledge agreement_____)

I understand that as much notice as possible will be given in the event that, Laura Gordillo, is unable to provide care to your child; I (We) the parent(s) of CHILD'S NAME give permission for care to be provided by an alternate person that will be selected by, Laura Gordillo. If denying care coverage I understand that this will not result in a credit.

Closing Due to Loss of Electric/Water

(Initial & Date line to acknowledge agreement_____)

In the event that the building suffers an electricity loss due to a naturally occurring incident (weather or damage to external power lines) we will remain closed until the electricity is restored. If a power outage occurs once our school day has begun and is not restored within an hour (60 minutes) it will be required that each child be promptly picked up. We will reopen upon the restoration of electricity utilizing the remaining hours of that school day but not to exceed the contracted pickup time.

State/National Emergency Closing

(Initial & Date line to acknowledge agreement_____)

I understand that during a mandated closure due to a State or National Emergency I am required to pay my full tuition rate up to the first two weeks (10 days) of the mandated closure.

If the mandated closure due to a State or National Emergency exceeds two weeks (10 days) I will be required to pay ½ tuition rate until the State or National Emergency has been lifted.

In the event that Emergency Unemployment or Small Business Assistance become available to your provider tuition will be adjusted to reflect this assistance.

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Scheduled Closings Paid

(Initial & Date line to acknowledge agreement____)

I (We) the parents of CHILD'S NAME understand that the following dates are **PAID** closed days and alternative care will not be provided for these days.

September 1
October 13
November 27, 28
December 19, 22-26
January 1, 2
February 23

Sample Dates

March 16
April 6-10
May 22, 25
June 19
July 3
August 25

Scheduled Closings Unpaid

(Initial & Date line to acknowledge agreement____)

I (We) the parents of CHILD'S NAME understand that the following dates are **UNPAID** closed days and alternative care will not be provided for these days. Please note that additional days may be added as needed.

September 5
October 24 or 31
January 26

Sample Dates

April 17
July 17, 31
August 26-28

Video Monitoring System

(Initial & Date line to acknowledge agreement____)

I (We) the parents of CHILD'S NAME will not, in any event, share my login and password with any other individual. The Yi Home app is free to parents and is available for download on both Android and iPhone's through the app services store. You will be provided a login and password to connect to the camera system. It is your responsibility to accept your Yi Home app camera invitation each morning to enable your use of the camera systems. For the safety and security of each child sharing login information, allowing others to view cameras, sharing "snap shots" or "recording video", viewing the cameras when your child is not in attendance as well as during closed hours, is **strictly prohibited**. Doing so is violation of your childcare agreement and will immediately void your childcare contract. All **deposits and payments** will be forfeited.

Parent App and Email Notifications

(Initial & Date line to acknowledge agreement____)

It is the responsibility of the parent(s) of CHILD'S NAME to check the parent Brighwheel app and/or email notifications *daily* (prior to drop-off, mid-day, and prior to pick up) for updates; important information will be sent via this app including (but not limited to) supplies needed, payment information, incident reports, accident reports, etc. Emergency closings will be sent out via the parent app as an "alert" that will also be sent as a "sms message" to the phone numbers on file.

Supplies

(Initial & Date line to acknowledge agreement____)

It is the responsibility of the guardian/parent(s) of CHILD'S NAME to provide the following supplies (also to check parent updates to know when to send in additional supplies) or see our school's amazon list for specific items needed:

*soft sleep/comfort toy
*diapers/pull-ups if needed
*cleaning supplies as needed

*wipes (even if potty trained)
*bathing suit & rash guard
*pillow & blanket
*sunscreen (all year)

*art supplies as needed

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Medication

(Initial & Date line to acknowledge permission given_____)

In the event that medication (prescription cream, over the counter diaper cream, oral suspension, prescription, etc.) is needed, I(We) the parent(s) of CHILD'S NAME , *give permission* to, Laura Gordillo, to administer medication (cream, oral suspension, prescription, eye drops etc.) as per my verbal and/or written instructions at drop-off, via text, parent app, or phone call.

Outdoor Play

(Initial & Date line to acknowledge permission given_____)

I *give permission* for my child to play outdoors; on the slide, swings, go on stroller rides, play with the water table, water slide, bounce house, and in the kiddie pool.

Pictures & Videos

(Initial & Date line to acknowledge permission given or not given_____)

I *give permission* for my child to have his/her picture and videos taken (if shared on social media faces will not be viewable) and to be emailed, texted or placed in a private album on the parent app for viewing by parent/guardian.