



**Peapod Learning Center**  
2214 E. Seminole  
Springfield Missouri 65804

**PEAPOD LEARNING CENTER**  
**2014-2015 CONTRACT**

This contract is made between \_\_\_\_\_ (parent/guardian) and  
Carly S. Walton \_\_\_\_\_  
for the care of \_\_\_\_\_ (child). Birthdate \_\_\_\_\_

The first day of child care will be \_\_\_\_\_

Care will normally begin at \_\_\_\_\_ and end at \_\_\_\_\_.

M\_\_ T\_\_ W\_\_ Th\_\_ F\_\_

Care will include breakfast, lunch, and afternoon snack, as well as formula, baby food/cereal,  
and hypoallergenic wipes.

The charge for care is \$ \_\_\_\_\_ per day, payable by Fridays in advance for the following week  
(If child does not attend on Friday then tuition is due the last day of the week they are in  
attendance).

Please initial the terms below, all addressed in the Family Handbook:

- Children may be taken from the provider's care only by the person signed below and those named on the emergency form. \_\_\_\_\_
- Children who have been ill cannot return until they have been fever and symptom free for 24 hours without the aid of fever reducing medication. Children will be sent home based on symptoms listed in the Wellness Policy. \_\_\_\_\_
- Payment is based on the contracted amount per week/day, not on the actual hours of attendance. \_\_\_\_\_
- There is no reduction in tuition for holidays, illness, or emergency closings. \_\_\_\_\_
- Contract may be terminated by provider with less than two weeks notice for failure to comply with health policy or other contractual agreements. \_\_\_\_\_
- Payment is due whether or not the child actually attends care. \_\_\_\_\_
- Either party can terminate this contract with 2 week's notice. \_\_\_\_\_
- Payment is due in advance for the following week. A late fee of \$10.00 per day will be applied to all late payments. \_\_\_\_\_
- A fee of \$10.00 for each 10 minutes a child is dropped off before contracted time or after pickup time will be applied. \_\_\_\_\_
- Two returned checks will result in cash only payments. A fee of \$35.00 per returned check will be applied. \_\_\_\_\_

I agree to the terms of this contract and have provided the parent(s) with my policies.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Tax ID# 27-1712738

Signed \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Social Security # \_\_\_\_\_

I agree to the terms of this contract. I have received, read and agree to the attached family handbook and policies. I have filled out the following forms: authorization to leave care, medical treatment authorization, and the emergency information form. I have provided my child's immunization records.