



Spring Angels Childcare  
4644 Glenwood Ave., North Vancouver  
BC V7R 4G7  
Tel: (604) 783-3172

## PARENT AGREEMENT

This agreement is between Bahareh Rasooli owner / operator of Spring Angels Childcare Address 4644 Glenwood Avenue, North Vancouver B.C. Phone 604 783 3172 License # \_\_\_\_\_ and \_\_\_\_\_ Parent / Guardian to care for (child/children's name(s)) \_\_\_\_\_. The Parent /Guardian hereinafter called the 'parent ' agrees to the following conditions:

Spring Angels Childcare is open from \_\_\_\_AM to \_\_\_\_PM From Monday to Friday, except for holidays and staff holidays.

### **POLICIES**

Parents are to review and be in compliance and full agreement with policies and procedures as detailed in the Policy and Procedures Manual from Spring Angels Childcare. Copies of this manual are provided by the center.

### Attendance

The child will attend from \_\_\_\_AM to \_\_\_\_PM on these days of the week: \_\_\_\_\_

### Fees

The parent agrees to pay \$\_\_\_\_\_ on the first day of each month for care.

- Post dated cheques are acceptable
- Fees shall be paid in full by the parent regardless of the child being absent due to sickness, vacation, or any other absences. Please refer to fee policy in policy and procedures manual for more detail.
- Failure to pay the full child care fee can result in termination of the child care space

### Deposit



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The parent is required to pay a deposit of \$ \_\_\_\_\_ upon registration. This amount is non-refundable in the event of cancellation of this space. This fee will be applied to the last month's fee, when proper notice is given on the first day of the month prior to child ending care.

Trial period

During the trial period either the Parent or child Care provider may give \_\_\_\_\_ days notice to terminate this agreement. The deposit and remainder of the month fees will be refunded.

The trial period at Spring Angels Childcare is \_\_\_\_\_ weeks long.

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Center Operator Name and Signature \_\_\_\_\_