



Rate Sheet, Contract & Info Packet

Please carefully review our rates listed below. These introductory rates are effective as of January 1st, 2018. The contract slip on the last page of this document allows space for you to select a rate that suits your family’s needs.

Rate for ALL AGES (ages 6 weeks through 5 years)

Full Time Care	Part Time Care	Daily or Hourly Rates
\$345 per week*	Inquire	\$75 per day or \$15 per hour

- Covers the cost of the first 45 hours per week. All additional hours are billed at the hourly rate.

Custom Rates

Inquire via email, phone or text (609-751-8143)

Nice to Know Info

- Open Monday Through Friday from 7:00 am – 6:00 pm
- Open Year Round
- Allergy Friendly Home with All Natural Peanut Free Menu (included in rate)

RATE CLARIFICATION: When deciding on a commitment level please keep in mind that Drop-In Care and Hourly Care all fall under the realm of ad hoc or sporadic care. This type of care can be cancelled/scheduled on a week to week basis (or day to day) by either party. Availability will always depend on space, ratios and feasibility. For Ad-hoc/Sporadic Care, cancellations due to schedule changes, sickness or vacations are not billed. There is no contract involved but space is not guaranteed. Confirmation would be required prior to each and every visit. Whereas, Part-Time and Full-Time spots are contracted out in whole parts or in fractions to a single placeholder. Weekly rates and monthly rates are meant to cover the long term “holding of a spot” and therefore concessions cannot be made for missed days, schedule changes, sick days or vacations once a spot (or a fraction of a spot) has been held via a contract. Hourly care rates are a great option for families that anticipate missing lots of days due to varying work schedules or due to large chunks of time spent away from care. Finding a placeholder (family member or friend) to temporarily pay for your spot during your long absence can be an option as well. Please discuss this option with the Director in advance. Please refer to the payments section of your current parent handbook for further clarification about payments.



PAYMENT POLICIES AT A GLANCE:

- If your start date is more than one week away, then you need to make a **refundable deposit** in the amount of one full week in order to secure your spot. Funds can be mailed to 261 Jefferson Road, Princeton, NJ 08540. Checks can be made payable to: The Polka Dot Place.
- The accepted forms of payment are Check, Cash, Money Order, Visa, MasterCard or Discover.
- Parents will have the option of being charged monthly (last business day of every month) or weekly (last business day of each week).
- There is a 3% upcharge for families who choose to pay with Credit Card. However, there is no up-charge for families who use a Debit Card with pin entry.
- Payments cover the UPCOMING month or week in question (on FRIDAYS).
- Monthly rates have been adjusted to reflect a 30/31 day cycle (4.33 weeks) versus our weekly rates which are based on a 28 day cycle. To compute our monthly rates simply divide any rate that you find by **4.33 (not 4.3)**
- Sibling Discount is 10% for the oldest enrolled child. Both siblings must be enrolled full time in order to apply a sibling discount.
- Some enrichment classes are out-sourced, payments for those non-in-house classes will be due as indicated on the sign up form provided. TBD rates. TBD enrollment options.
- Any payment delayed for more than 6 consecutive days will result in a late fee of \$25, with a \$5 per day increase after the 10th day.
- **\$25 Returned Check Fee**

EXTENDED POLICY REGARDING VACATIONS, ABSENCES AND PAYMENTS:

There are two registration level options at The Polka Dot Place: Hourly Care Plan and Care Contract. Parents on the Hourly Care Plan pay more per hour for care BUT only pay for the hours that they use. They do NOT pay for holidays, closures, absences, sick days or vacations and have the ability to change their schedule from week to week IF space allows. Their spot is not guaranteed, however, from day to day. Families who sign a care contract have a guaranteed spot at The Polka Dot Place. They pay a



monthly or weekly rate that is due in full regardless of holidays, absences, closures, sick days or vacations and they have the ability to change their contracted days up to three times per year without jeopardizing their spot. When broken down, the rate they pay hourly is much less but after the above mentioned factors are weighed in, both options average out to nearly the same cost per year.

Again, with the exception of the families that pay for childcare at The Polka Dot Place on an hourly basis, keeping in line with other care centers and nursery schools, concessions/refunds/discounts/rebates cannot be made for closures, vacations, holidays, sick days, missed days, etc. Long term absences of 30+ days with valid excuses will be pro-rated accordingly on a case by case basis (refer to final paragraph). **All cardholders will be charged the agreed upon monthly/weekly rate unless a written cancellation request has been delivered.** Scheduling changes that affect your Care Contract may warrant a change in tuition. Changes to your Care Contract, for non-hourly families, can be made on a month-to-month basis (a maximum of 3 changes will be entertained per calendar year).

Again, families on the Hourly Payment Plan have the right to change their schedules from week-to-week, but are only allowed to attend when space is available. Families on the Hourly Care Payment Plan only pay for the hours that they use at a flat hourly rate. These families are not required to pay for absences caused by vacation, sickness, holidays, etc.

Furthermore, parents with Care Contracts have the option of putting their tuition on “hold” without being charged for a minimum of 1 month and for a maximum of 3 months in the event of a long absence that has been approved by the Director. Thirty (30) days’ notice is necessary in order to put an account on “Hold” status and avoid being charged. This option can be approved on a case by case basis and it is dependent upon enrollment trends and feasibility.



DIRECTOR COPY: Rate Agreement

I have reviewed the Payment Policies and Parent Handbook and I am aware of the payment expectations that are set forth within. I understand that there are no refunds for prepaid care. My signature below represents my agreement.

Furthermore, I understand that I can choose to pay weekly or monthly for my childcare costs. In either scenario I am expected to pay for care in advance. Tuition will be due each Friday to cover the upcoming week of childcare OR on the last business day of each month to cover the upcoming month of childcare. I have indicated my payment preferences below. The choice I have made below is not binding, neither are the hours of care that I have proposed. I understand that shall my scheduling needs change that I need to speak to the Director and sign a new contract.

Lastly, I _____ understand that any payment delayed or late for more than 6 consecutive days will result in a late fee of \$25, with a \$5 per day increase after the 10th day. We/I hereby agree to the following:

Contracted Hours of Care **Child's Name:** _____

Mondays from _____ to _____ = _____ hours

Tuesdays from _____ to _____ = _____ hours

Wednesdays from _____ to _____ = _____ hours

Thursdays from _____ to _____ = _____ hours

Fridays from _____ to _____ = _____ hours

Child's Program Level (check one)

- Infant (0 – 18 months)
- Non Potty-Trained Toddler (18 – 36 months)
- Potty-Trained Preschooler (33 months – 5 years)
- Before and/or After Schooler (Kindergarten – 5th Grade)
- Summer Camper (3 – 10 years)

Child's Meal Preferences (check one)

- My Child (12 months+) will be participating in The Polka Dot Place Meal Plan – DAILY
- My Child (12 months +) will pack and bring all snacks and meals DAILY in a labeled lunch box
- I will be providing all nutrition, breastmilk and/or formula for my Infant in labeled containers DAILY until he or she is developmentally ready for the items on the daycare menu.

Child's Rate

- I will be submitting payment for \$ _____ PER WEEK
- I will be submitting payment for \$ _____ PER MONTH (Weekly Rate multiplied by 4.33)
- A Sibling Discount of 10% applies to my oldest child

Payment Preference (circle the option you will use most frequently)

CASH CHECK CREDIT CARD + 3% DEBIT CARD (w PIN ENTRY) MONEY ORDER

Deposit Amount (if start date is more than one week away): _____ **Date Paid:** _____

Parent Signature and Date _____ **Date:** _____

Director Signature and Date _____ **Date:** _____



PARENT COPY: Rate Agreement

I have reviewed the Payment Policies and Parent Handbook and I am aware of the payment expectations that are set forth within. I understand that there are no refunds for prepaid care. My signature below represents my agreement.

Furthermore, I understand that I can choose to pay weekly or monthly for my childcare costs. In either scenario I am expected to pay for care in advance. Tuition will be due each Friday to cover the upcoming week of childcare OR on the last business day of each month to cover the upcoming month of childcare. I have indicated my payment preferences below. The choice I have made below is not binding, neither are the hours of care that I have proposed. I understand that shall my scheduling needs change that I need to speak to the Director and sign a new contract.

Lastly, I _____ understand that any payment delayed or late for more than 6 consecutive days will result in a late fee of \$25, with a \$5 per day increase after the 10th day. We/I hereby agree to the following:

Contracted Hours of Care **Child's Name:** _____

Mondays from _____ to _____ = _____ hours

Tuesdays from _____ to _____ = _____ hours

Wednesdays from _____ to _____ = _____ hours

Thursdays from _____ to _____ = _____ hours

Fridays from _____ to _____ = _____ hoursm

Child's Program Level (check one)

- Infant (0 – 18 months)
- Non Potty-Trained Toddler (18 – 36 months)
- Potty-Trained Preschooler (33 months – 5 years)
- Before and/or After Schooler (Kindergarten – 5th Grade)
- Summer Camper (3 – 10 years)

Child's Meal Preferences (check one)

- My Child (12 months+) will be participating in The Polka Dot Place Meal Plan – DAILY
- My Child (12 months +) will pack and bring all snacks and meals DAILY in a labeled lunch box
- I will be providing all nutrition, breastmilk and/or formula for my Infant in labeled containers DAILY until he or she is developmentally ready for the items on the daycare menu.

Child's Rate

- I will be submitting payment for \$ _____ PER WEEK
- I will be submitting payment for \$ _____ PER MONTH (Weekly Rate multiplied by 4.33)
- A Sibling Discount of 10% applies to my oldest child

Payment Preference (circle the option you will use most frequently)

CASH CHECK CREDIT CARD + 3% DEBIT CARD (w PIN ENTRY) MONEY ORDER

Deposit Amount (if start date is more than one week away): _____ **Date Paid:** _____

Parent Signature and Date _____ **Date:** _____

Director Signature and Date _____ **Date:** _____



Persons Authorized to Pick Up My Child – Child’s Name _____

Name	Relationship	Number	Authorization Level
			Granted // Not Granted
			Granted // Not Granted
			Granted // Not Granted
			Granted // Not Granted
			Granted // Not Granted

Photograph Permission

I grant // deny permission for my child _____ to be photographed while at daycare. I understand that any photographs taken may be used for promotional purposes or for class projects.

Parent Printed Name _____

Parent Signature _____

Date _____

All About Me – Child’s Name

My Child’s Typical Naptime(s)

My Child’s Favorite Foods

My Child’s Least Favorite Foods

My Child’s Allergies

My Child’s Favorite Activities

My Child struggles with...

Other:



Transportation

I _____ understand that The Polka Dot Place Daycare owns two infant car seats, one toddler car seat and 5 preschool booster seats for use when appropriate and for emergencies. I hereby grant permission for my child _____ to be transported to and from the daycare premises located at 261 Jefferson Road, Princeton, NJ under the following circumstances (check ALL that apply):

- Via Director/Manager/Teacher vehicle for the purposes of transporting back and forth to school
- Via Director/Manager/Teacher vehicle for the purposes of taking advantage of nearby venues within one mile of the daycare (playgrounds, parks, library, ice cream shop, post office, etc.). Advance notice would be provided via text, phone call or email
- Via quadruple stroller (ages 0 – 36 months) for the purposes of taking advantage of nearby venues within one mile of the daycare (playgrounds, parks, library, ice cream shop, post office, etc.)
- On foot (age 3+) for the purposes of taking advantage of nearby venues within one mile of the daycare (playgrounds, parks, library, ice cream shop, post office, etc.)
- For the purposes of transport to the nearest emergency medical facility (Rochester General Hospital) in the event of a medical emergency

Parent Printed Name _____

Parent Signature _____

Email Address _____

Parent Cell (for Texting Purposes) _____

Date _____

General Info

Religious or Dietary Restrictions...

Home life info that we need to be aware of...

Developmental or Behavioral Management info that we need to be aware of...

Other necessary info...



