

Holding Deposit Agreement **For Registration in Kelly's Day Care**

10175 Woodrose Lane Highlands Ranch, CO 80129 (303) 346-0012

Hours of Operation: Monday-Friday, 7:30am to 5:30pm

Date: _____

I agree to pay a holding deposit fee of \$_____ to reserve a spot for my child or children in Kelly's Day Care. Checks will be deposited immediately.

This holding deposit fee will save the spots in the day care while all necessary paperwork required for my child or children to attend the day care is being completed. The spots are not guaranteed until all paperwork is turned in and approved prior to the expected date of enrollment.

If you fail to turn in all necessary paperwork prior to the expected date of enrollment, your holding deposit will be forfeited and the spots will be released.

I fully understand that if for any reason I cancel prior to my child/children receiving care, the holding deposit fee is non-refundable.

If I choose to cancel day care during the trial period, the holding deposit fee will be returned by check within 2 weeks of cancellation to the address listed on this form minus any unpaid balance on the account. You will still be required to pay for the days your child/children were in care.

Trial Period: The trial period is 2 weeks (14 days from the date of enrollment). It is especially important that my day care is a good fit for your child, current children in care, our family, and our prep for school program. Please refer to the policy and procedures for further details.

At the time you will no longer require my day care services, the holding deposit fee will be used towards your child/children's last 2 weeks of care or any unpaid balance on the account.

- Youngest age accepted into the program: 2 years old
- Oldest age accepted into the program: until eligible for kindergarten

- Children must be fully immunized or have a medical exemption to be eligible for this program.
- We are a pet friendly home and currently have 2 dogs, chicken, and fish. If your child is allergic to animals, please make sure you discuss this with his/her pediatrician and/or allergist before moving forward with this agreement.

Please sign below, agreeing to the above terms and conditions for Kelly's Day Care Holding Deposit Agreement.

X _____
Parent/Guardian Signature

Parent/Guardian Name

X _____
Parent/Guardian Signature

Parent/Guardian Name

Address:

Home Number: _____
Cell Number 1: _____
Cell Number 2: _____

X _____
Care Provider Signature

Paid by:

Check Amount \$ _____ Check Number _____
Cash Amount \$ _____
KidKare Amount \$ _____ (online payment)