CATHY'S CARE #256642 CONTRACT 2026
SCHEDULE AND FINANCIAL ARRANGEMENTS

I offer flexible hours of operation. My hours of operation are written into each contract individually based on the hours you work, and the travel time required. These are the hours that my service is available to you.

1. This arrangement is between Cathy P. Ross (Provider) and _____(Parents) for childcare of _____, provided at 7982 Oakwood Road, Glen Burnie, MD 21061, Cell 410-245-3272. Shauna Ross and Phyllis Potwin are approved as substitutes.

2. Day and time of child's arrival is

3. Charge per week is . There is a four-week trial period. Either party may terminate services at any time during the initial four weeks without any further obligation. After the four-week trial period, a four-week notice is required should the client want to terminate care. The Provider may terminate at will.

4. There is a Registration Fee of $300. This fee is used to hold your child's spot in childcare. This fee is due when you sign and submit the contract for services. Your child is scheduled to begin care on _____. Payment for services is due on _____. If payment is not made by the due date, care will not begin, and the spot will be forfeited.

5. Payment is due on the Friday prior to the week service is provided. Payment may be made by cash or online via Zelle. Non-payment of fees will result in a $50 late fee as well as suspension of childcare services until fees are brought current. Payment in full is due regardless of attendance.

6. Late Fee – There is a late fee of $15 for the first 15 minutes a parent is late picking up their child, and an additional $15 for every 15 minutes after that. The fee is due on the date the lateness occurs. This late fee is assessed in all cases.

7. Clients have reviewed Cathy's Care Handbook and agree to its terms. It is available on the website at www.CathysCare.com.

SIGNATURES

By signing this contract, you are agreeing to the terms in the Cathy's Care Handbook and the above schedule and financial arrangements.

_____
Cathy P. Ross, Provider - Date

_____
Parents/Guardians - Date