



P.O. Box 37053  
#116 - 817, 19th Street N.E.,  
Calgary, Alberta. T2E 8V1  
P. (403) 250.5211 F. (403) 273.8113  
www.davarchildcare.org

**I / we are contracting for child care as described below, and agree to pay the fees indicated:**

Full-time care, to be billed at the full time monthly rate of \$ \_\_\_\_\_ (Client Initials \_\_\_\_\_ )  
This fee includes the provider fee and the Agency fee

Part-time care for \_\_\_\_\_ days per week, to be billed at a monthly rate of \$ \_\_\_\_\_.  
This fee includes the provider fee and the Agency fee (Client Initials \_\_\_\_\_ )

Additional days will be billed separately at the rate of \$ \_\_\_\_\_  
This fee includes the provider fee and the Agency fee

Starting care (Provider) \_\_\_\_\_ effective \_\_\_\_\_ (Client Initials \_\_\_\_\_ )

### Registration Fee

A non-refundable registration fee of \$20.00 is required for newly registered families, to be paid at the time of registration (Please include this payment when submitting paperwork to Davar).

### Payment of Fees / Invoicing

- Childcare fees are due by the first (1<sup>st</sup>) working day of each month, or the day your child begins care.
- Childcare services may be interrupted without prior notice if payment and or subsidy is not received. If for any reason you are not able to meet your payment commitment, please contact Davar immediately to discuss alternate payment arrangements. 403.250.5648
- Fees should be paid directly to Davar, using one of the payment options outlined below. Do not leave payment with the care provider, as this may delay the crediting of your account.
- Do not leave cash payments without obtaining a receipt. Davar is not responsible for any lost cash, money orders, or bank drafts, unless a receipt can be produced as proof of payment.
- A fee of \$25.00 will be charged for any payment returned unpaid by your bank. Replacement payment must be received, in cash, within 24 hours to avoid an interruption of services. (Client Initials \_\_\_\_\_ ).

### Subsidy

- Child Care Subsidy is available to families who qualify through Calgary and Area Child and Family Services (Alberta Children and Youth Services). To reduce processing delays, please apply online at [www.child.gov.ab.ca/childcaresubsidy](http://www.child.gov.ab.ca/childcaresubsidy) or call 403.297.6100 for more information. Providers will be prorated if subsidized clients fail to complete 100 hours of care in a month, or their subsidized # of hours as outlined in your subsidy verification letter.
- Care can start with Verification of subsidy, and parent portion, or full payment

Davar will assist clients with the subsidy application; however, it is the client's responsibility to complete the subsidy process. Applications take 2 – 3 weeks to process. The client will be held responsible for full payment of childcare fees in the event that subsidy is not approved, or is not applied for in a timely manner and, as a result, payment of subsidy is not received by the Agency. (Client Initials \_\_\_\_\_ )

### Vacations/ Illness / Statutory Holidays

No reduction in fees or prorating of fees will be given for vacation time taken. Fees are not reduced for illness, statutory holidays or vacations, as the space is being held for the client's child. (Client Initials \_\_\_\_\_ )

### Termination of Services

A minimum of two weeks written notice to terminate child care services must be given to your care provider and to Davar. The client may be billed fees for up to ten days of care in lieu of this notice. (Client Initials \_\_\_\_\_ )

**Receipts**

Davar will mail to each client with an account in good standing, by February 28 of the following year, a receipt for income tax purposes showing all child care payments received in the calendar year. (Client Initials \_\_\_\_\_)

**Unpaid Accounts**

- Delinquent accounts are reported to the Credit Bureaux and forwarded to a collections agency.
- Legal action may be pursued in small claims court if all other collections efforts fail. Additional charges may be applied, including interest, courts costs, and collection fees, etc.
- Unpaid Accounts are reported to Revenue Canada Agency. (Client Initials \_\_\_\_\_)

**Identifying Information**

Davar requires the following information to provide child care services:

- Driver's License # \_\_\_\_\_ (photocopy required)
- Alberta Health Care # \_\_\_\_\_ (photocopy required)

Please supply additional identifying information as you are applying for credit:

- SIN # \_\_\_\_\_ (for Income Tax Receipt purposes)
- MasterCard / VISA # \_\_\_\_\_ \* Exp. \_\_\_\_/\_\_\_\_
- Other: \_\_\_\_\_

**Payment of Fees:**

Davar is pleased to offer the following payment options. Please indicate your choice of payment method, and the date you wish your payment to be processed (**All fees are due the first (1<sup>st</sup>) working day of the month.**) To change your payment arrangements, please contact Davar 403 250 5648. (Client Initials \_\_\_\_\_)

Monthly Payment Instructions:

**Payment Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Beginning (year/mm/day): 20\_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*  
**Please select one option by checking the appropriate box:**

**Preauthorized Payment**

I, (print name) \_\_\_\_\_ hereby authorize Davar Child Care Society to

**Debit my Bank Account** (please affix voided cheque)  
(If not processed at the beginning of the month, the first month of care for this option must be paid by Cheque, cash or money order prior to care starting) (Client Initials \_\_\_\_\_)

**Charge my \*VISA Account** or  **Charge my \*MasterCard Account**  
*\*Credit Card Charges are processed on the 1<sup>st</sup> and the 15<sup>th</sup> of the month only*  
(Client Initials \_\_\_\_\_)

**I have read and understood the Client/Agency agreement and this Financial Agreement and will comply with the requirements of both, and of the Parent Handbook. Should I have any questions or concerns, I will notify Davar and speak with my Consultant or the Director.**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consultant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_