

PERSONS AUTHORIZED TO PICK YOUR CHILD UP

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(Pick up Policy: no one can pick your child up unless he/she is on the list and if the child can not identify the person he/she may be asked to show ID. If someone who is not on list will be picking your child up you may call us and it will be allowed.)

PAYMENT ARRANGMENTS

DAYS YOUR CHILD WILL ATTEND (circle)

Monday	9:30-2:30	\$30.00	Summer Pre-K Boost Class June and July-
Tuesday	9:30-2:30	\$30.00	Thursdays 9-11:30 or 12-2:30 \$25
Wednesday	9:30-2:30	\$30.00	
Thursday	9:30-2:30	\$30.00	
Friday	9:30-2:30	\$30.00	

Total days _____ x \$30/\$25= _____ Weekly charge per child

Weekly charge per child \$ _____ x _____ # of children = Total weekly charge for family _____

Weekly family charge \$ _____ x 4 = Total monthly charge \$ _____

(Payments are made at the first of each month. You pay a 4 week month each month even if there are 5 weeks in that month. You do not pay for the 5th week that occurs 4 times a year because I am closed 4 weeks out of the year.)

PAYMENT POLICIES

Overtime: After 15minutes late \$1.00 a minute. Late is after I close at 3:30 on Tues and Thurs and 2:30 Wed. and Fri.

Vacation days: You pay for days you take off.

Sick days: You pay for any sick days your child has. You do not pay when I cancel for sick days.

Holidays: The holidays listed in handbook you pay for.

Termination policy:

2 weeks notice is expected

SUPPLIES YOU WILL NEED TO BRING

Toothbrush, toothbrush cover, and tooth paste

Nap mat, crib size blanket, body pillow cover, a small pillow

Book bag with a complete set of clothes to change into if necessary including socks and underwear

Personal information about your child

1. Name_____
2. Favorite toys_____
3. Favorite foods_____
4. Does he take a nap? When?_____
5. Least like foods_____
6. Fears_____
7. Has he/she been left with caregivers besides family (ex Sunday school, daycare est.)_____
8. Any special instructions about food or schedule I need to know about_____

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I agree to:

1. Provide licensed child care facility
2. Only transfer child's records to any person, agency or public school with written permission of parent.
3. Establish rules and methods of discipline that are constructive and reasonable.
Corporal punishment shall be avoided
4. Disperse medication only when authorized and directed by parent.
5. Discuss child's activities with parent and encourage participation when possible
6. Have written permission from parent for each medical, developmental, psychological, or research evaluation that may be part of child care program.

Signature for center _____

1. My child will be pickup up at the assigned time
2. My child has my permission to use all of the play equipment and participate in all of the activities provided.
3. Required medical and immunization records on my child will be provided
4. Any pictures taken of my child may be used in newspapers, displays, bulletin boards, or other types of educational publications
5. Center will be notified promptly of any changes in family that would affect my child's attendance, activities, or behavior.
6. My child will be provided an extra set of clean clothing, small blanket and pillow.
7. Payment for services rendered will be made on a regular basis as outlined previously.
8. I will provide a signed emergency medical care release on first day of school.
9. I will not bring my child if he/she is nauseated, has had a fever or vomited in previous 24 hour period, has rash, pink eye, or other contagious conditions.
10. I understand regular attendance is important (especially for children with Separation Anxiety) and will make it a priority to bring my child unless he/she is sick or the family has another important engagement.

Parent signature _____