CHILD CARE AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agree to the following.

\_\_\_\_\_ Child’s arrival time \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s departure time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Over 10 hours of care require an additional $10 fee per child, max of 12 hours per day.

\_\_\_\_\_ Child care is provided for parents who are working or in school only.

\_\_\_\_\_ Provide a doctor’s note in releasing a child back into daycare when a serious health issue has occurred i.e. after being hospitalized, contracting a contagious infection or disease etc. Some infections such as “Pink eye” do not require a doctor’s note, but must have been treated for 12 hours before the child is allowed back. If in doubt, contact the Director at the daycare

\_\_\_\_\_Complete a medication consent form when requesting medications to be administered..

\_\_\_\_\_Provide information on how to contact me in an emergency situation, which I will update when changes occur and every 6 months.

\_\_\_\_\_Cooperate with the director in the follow up of any medical, dental or developmental needs of my child.

\_\_\_\_\_I will sign my child in and out every time my child arrives and departs with me. I will also take my child to their designated classroom.

\_\_\_\_\_ I will follow all the procedures in the program handbook.

\_\_\_\_\_I agree to pay tuition/Co-payment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week on or before each Monday of the week, unless other arrangements have been agreed to with the Director.

\_\_\_\_ Child Health Reports (physical) need to be completed by a physician every 6 months for infants through the age of 2 and every 12 months for children 2 and older.

This is a summary of what is listed in your parent handbook. Please take the time to read your handbook, if you have any questions or concerns do not hesitate to ask.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature Director Signature