



Family/Centre Contract for Care at Jenn's Little Bears Early Childhood Education Centre

I, _____, parent or guardian to, _____, have read, understand and will abide by all the policies and procedures stated in the parent handbook.

Signature _____ Date _____

I give permission for my child's photograph to be on the Jenn's Little Bears website. If you do not give permission, please DO NOT sign this space it is entirely optional.

Signature _____ Date _____

I understand that I must give one full months' notice as stated in the parent handbook. This notice must be given by the last business day of the month prior to the child's last day. i.e. If your last day is October 31st, you must give notice before September 30th.

Signature _____ Date _____

I understand that my child may go on a walk with the group and educators on the galloping goose or to nearby parks. While the group is away, the centre will be locked and a cell phone number for an educator will be posted.

Signature _____ Date _____

I authorize the staff at **Jenn's Little Bears Early Childhood Education Centre** to call a physician, take my child to the nearest emergency centre or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be reached by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Signature _____ Date _____

I give permission for the educators to use baby wipes for hygiene purposes, diaper cream and to apply sunscreen to my child.

Signature _____ Date _____

I have provided **2 emergency contacts** that will be able to pick up my child if my child is sick or in the case of an emergency in which I cannot pick up my child personally.

Signature _____ Date _____

Jenn's Little Bears has opted in to the government funding program for fee reductions for the foreseeable future. As long as the funding remains and the contracts with the government remain manageable, we will continue to opt into the program. If funding runs out, please be aware that in order to cover costs our fees will be increased by between \$40-\$350 (depending on age and days of care)

Signature _____ Date _____