Appendix F

Agreement

the legal guardian of fdkming-: (Initial ail that apply)

Pay fee pa dayfper week of

hours a week with the program.

Follow procedures in the program handbook a Spcial Care Plan if applicable.

Day payment to be made is

Services to be provided as part of the child care fee (transportation, meals, etc.) are:

 Child's arrival time Child's departure time

Lae fee S



Obtain health assessments for my child according to the schedule recommended by the A-n•ica-n Academy of Pediatrics.

Notify when my child is scheduled for rouüne health visits, (htain a form to complete and return.

Cooperate within the follow up of any medical, dental, or developmental needs of my childr

Complete a daily admission form and have my child observed by a member of the staff before I leave each day.

 Notify the teacher in advance if I plan a birthday celebraüon for my child.



(speciÜ time)

Notify the staff when my child is ill or any family member has a contagious disease-

Complete a medication consent form when requesting medication administration.

 Provide the program staff with necessary for my child's care.

(linens, clothing, toothbrush)

Provide informaüon on how to contæt me in an emergency situation which I will update when changes occur and every 6 months.

Agee to discuss my concerns with

(staff member's name)

Notify a teacher and sign my child in and out every time my child arrives and departs with me or a person

I authorize.

Designated persons to whom child may be released are:

Legal

Guardian

Signatuze

This ageement should be reviewed by the legaYcpunseI for your facilizy. Contracts usually inclu& more iufOrmafion than present this form-

