Child Care Agreement

L		, the legal guardian of	
agree to the	e following: (Initial all that apply)		
30 - 19	Pay fee per day/per week of		
	Volunteer to work	hours a week with the program.	
	Follow the procedures in the program handbook Obtain a Special Care Plan if applicable.		
25	Day payment to be made is		
	Services to be provided as part of the child		
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s—————————————————————————————————————	Child's arrival time	Child's departure time	
· · · · ·	Late fee \$		
5 HG 175	Obtain health assessments for my child according American Academy of Pediatrics.	ording to the schedule recommended by the	
	Notify	when my child is scheduled for routine health visits,	
	and obtain a form to complete and return.		
\$10 \$100 \$100	Cooperate with	in the follow up of any medical, dental,	
	or developmental needs of my child.		
-	Complete a daily admission form and have my child observed by a member of the staff before I leave each day.		
*	Notify the teacher(specify time)	in advance if I plan a birthday celebration for my child.	
	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	
	Provide the program staff withnecessary for my child's care (linens, clothing, toothbrush)		
	Provide information on how to contact me in an emergency situation which I will update when changes occur and every 6 months.		
	Agree to discuss my concerns with		
	(staff member's name)		
(4 <u>-2</u>)	Notify a teacher and sign my child in and ou I authorize.	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 r	released are:	
egal Guardian	n Signature	Date	