

Child's Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Child's Full Name:					
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Phone:	()	E-mail Address:			
PARENTS/GUARDIAN					
Father:			Employment:	Business Phone:	
Business Address:			E-mail Address:		
Home Address:		Home Number:		Mobile Number:	
Mother:			Employment:	Business Phone:	
Business Address:			E-mail Address:		
Home Address:			Home Phone:		
Child's Physician:	Address:	City:	State:	Zip:	Phone:
Name of Emergency Contact if Parent(s) Cannot be Reached:					
Address:	City:	State:	Zip:	Phone:	
Person(s) Authorized to Visit, Call or Pick Up Child:					
Person(s) <u>NOT Authorized</u> to Visit, Call or Pick Up Child:					

Fees

\$ _____ per week for full time care.
 \$ _____ per hour for regular part-time care.
 \$ _____ per hour for drop-in care if space is available.
 \$ _____ for late payment. This fee will be charged for any time after
 \$ _____ unless special arrangements have been made.
 Families are required to bring the appropriate foods for infants under a year old.
Childcare weekly fees are payable in advance and or are due no later than
MONDAY.

An advance deposit of \$_____ must be paid at the time of enrollment. This amount will be returned when services are terminated if all fees are up to date. Childcare fees can be paid by cash or check.

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician).

Please let me know what foods your child is allergic to: _____

I agree to arrange for the necessary medical examination and immunizations for my child prior to or within 30 days after enrollment and I will provide updated immunization reports as required thereafter; or I will submit the necessary documentation for medical or religious exemption from these requirements.

I agree to pick up or arrange to have my child picked up as soon as possible when notified that he or she develops symptoms of a communicable disease; an oral temperature of 101F or an armpit temperature of 100 F; or recurrent vomiting or diarrhea.

I understand that in case of an emergency due to illness the provider will contact the parent(s) or guardian is not available or cannot be reached, the provider will notify the designated emergency contact to pick up the child.

I authorize Latisha's Home Daycare to obtain immediate medical care for my child if an emergency occurs and I cannot be located immediately. I have completed, signed, and dated the child's emergency medical authorization form.

I authorize Latisha's Home Daycare to provide or arrange for emergency transportation to: Alexandria Hospital or the nearest emergency medical facility if an emergency occurs and I cannot be located immediately.

I understand that if an emergency occurs and an ambulance is called that the parent(s) or guardian will be billed and not Latisha's Home Daycare if the parent(s) or guardian or whomever listed for pick up of your child/ren are not available.

I understand that Latisha's Home Daycare may give nonprescription medication only as directed by the instructions on the original container and with my written consent.

I understand the requirement for paid staff to report suspected child abuse or neglect as required by 63.1-248.3 Code of Virginia.

I authorize Latisha's Home Daycare to use a substitute provider as necessary.

I authorize my child to participate in certain community activities and that authorization for field trips will be given on an individual basis.

I agree to allow a provider, substitute provider or an assistant to transport my child/ren as necessary.

Payment is expected: Payments are expected every week on Monday's. Whether your child is absent or present or leaves early or the parent(s) leave for vacation or for my vacation. Weekly payments aren't based on your child/ren's attendance. It's based on Latisha's Home Daycare only being able to have 12 children at one time. So in order to maintain your spot you must fulfill the payments. Non-payments, no calls, or shows are considered to be a forfeited spot, and the spot will be filled immediately. No refunds will be given for early departures, late arrivals, or exclusion due to illness, or showing up in the middle of the week. There is also a \$35 return check fee.

Vacation: I will take a vacation for a maximum of two weeks. All parent(s) or guardians will be given at least 2 months notice. Payments are still expected. Latisha's Home Daycare will try to have another provider or Heather Selman (my mother) to take over while I am absent.

Holidays: New Years Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day and day after, Christmas Eve and Day.

2 Week Notice: A period of 2 weeks trial is given for adjustment. After this time period the parents or the provider may decide to terminate care without prior notice. Please give two week notice with full payment if you decide to terminate our contract. I will in return give a two week notice if needed. **In case of NO payment legal action will be taken!**

Hours of Operation: 7am-6pm Monday-Friday. Non-Traditional hours are given on occasion. If I am scheduled to take courses, the hours may carry on certain days. Notice will be given two weeks prior.

I Latisha Jalloh licensed by the Virginia Department of Social Services to care for the children in my Family Day home, agree to provide child care for _____
(Child/ren's name)

Being enrolled on the _____ day of _____, during the hours specified in Part II. I agree to notify the parent(s) or guardian if they can be located, or the designated emergency contact name in Part I, whenever the child develops symptoms of an illness or is exposed to a communicable disease as defined in Part VI, Article 3 or the Minimum Standards for Licensed Family Day Homes.

I agree to notify the parent(s) or guardian immediately of major injuries and accidents. I will report minor injuries and accidents to the parent(s) or guardian on the day these occur.

I agree to obtain immediate medical care for the child if an emergency occurs and the parent(s) or guardian cannot be located immediately.

I agree to provide or arrange for emergency transportation to Alexandria Hospital or the nearest emergency medical facility if an emergency occurs and the parent(s) or guardian cannot be located immediately.

I agree to give nonprescription medication only as directed by the instructions on the original container and with my written consent from the parent(s) or guardian.

I have reviewed the discipline policy including the acceptable and the unacceptable discipline methods with the parent(s) or guardian.

I agree to provide the parent(s) or guardian with the general daily routine of Latisha's Home Daycare.

I agree that Latisha's Home Daycare needs a copy of the child/ren's: Birth Certificate or Social Security card, copy of Immunizations and Physical.

I agree that Latisha's Home Daycare has an open-door policy which permits the parent(s) or guardian to visit and pick up the child at any time.

Child/ren's Place of Birth:	DOB:	Birth Certificate Number:	Date Issued:
Other form of proof of Age & Identity: (ex. SS#)		Date Documentation Viewed:	
Child/ren's Place of Birth:	DOB:	Birth Certificate Number:	Date Issued:
Other form of proof of Age & Identity: (ex. SS#)		Date Documentation Viewed:	

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Provider Signature: _____

Date: _____