

Child Care Enrollment Form Daisy Duke Daycare

CHILD INFORMATION:


Full Name	Age	Gender	Address
Full Name	Age	Gender	Address
Full Name	Age	Gender	Address

PARENT/GUARDIAN INFORMATION:

	Parent/Guardian	Parent/Guardian
Full Name		
Relationship		
Home Address		
Home#		
Mobile#		
Work#		
Email		



CHILD MEDICAL INFORMATION:

	Pediatrician	Specialist
Name		
Address		
Phone number		
Email		

CHILD MEDICAL INFORMATION CONTINUED:

Allergies	
Medical Conditions	
Medications	
Other	

Please Use This Space To Write Anything Else We Should Know About Your Child/Children:



CARE SCHEDULE:

Write hours that care is needed for each day.

Drop off time	Mon	Tues	Wed	Thurs	Fri	Sat
AM						
Pick up time	Mon	Tues	Wed	Thurs	Fri	Sat
PM						

PAYMENTS/FEES:

Payments are due the Sunday before care. Payment may be made by Zelle. A late fee of \$__10__ per day will be added for each late day. This agreement will be terminated if payment is more than one week late. Parents/Guardians will be charged additional fees for early drop-off/late pickup.

This fee will be \$__5.00__ per _5_ minutes.

ACKNOWLEDGEMENT:

I understand the policies and procedures for Daisy Duke Daycare

Parent/Guardian printed name: _____

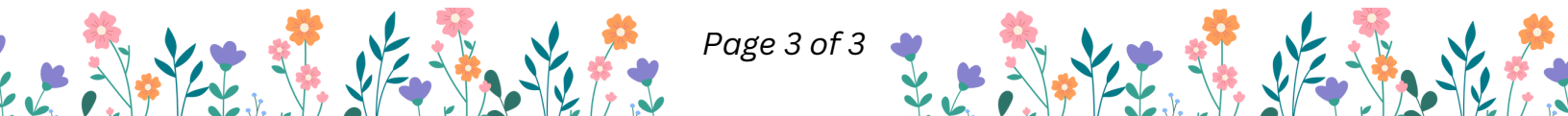
Parent/Guardian signature: _____

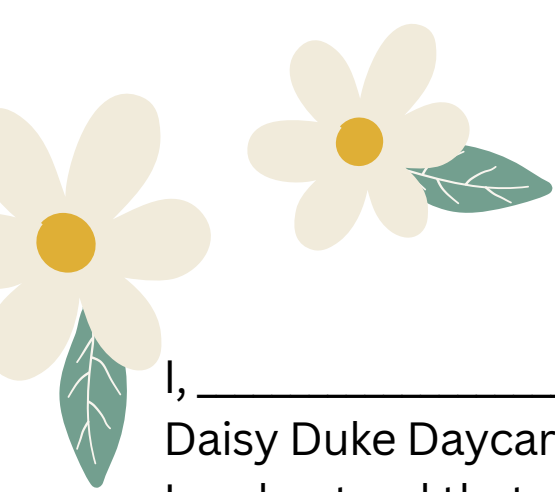
Date: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Date: _____





Photos

I, _____, parent of children attending Daisy Duke Daycare, acknowledge and agree to the following: • I understand that my children whose name(s) are listed below may be photographed at Daisy Duke Daycare during regular daycare hours, field trips, and activities. • I understand that these photographs may be used in arts & crafts and for children to take home as memorabilia. They may also be used for the purpose of promoting and marketing Daisy Duke Daycare. They may be used on, but not limited to, Daisy Duke Daycare's website, Facebook, Instagram, print advertising, etc. A first name may be mentioned, and surnames will be omitted. The following are the names of my children attending Daisy Duke Daycare:

1. _____
2. _____
3. _____
4. _____

Yes, I confirm that I have read and understood the above, and I agree to have my child's (ren) photos used to keep parents informed of Daisy Duke Daycare happenings and for marketing purposes.

No, I do not wish to have my child (ren)'s photographs published Name (print) _____

Date: _____ Signature: _____



HANDLE WITH CARE

IF YOUR FAMILY IS EXPERIENCING DIFFICULTY AT HOME I WOULD LIKE TO PROVIDE ADDITIONAL SUPPORT AT DAYCARE, I UNDERSTAND THAT YOU ARE NOT ALWAYS ABLE TO SHARE DETAILS ABOUT WHAT IS GOING ON AND THAT IS COMPLETELY OKAY, IF YOUR CHILD IS COMING TO SCHOOL AFTER A HARD NIGHT, MORNING, OR WEEKEND, PLEASE TEXT ME "HANDLE WITH CARE." NOTHING ELSE WILL BE ASKED OR SAID. THIS WILL LET ME KNOW THAT YOUR CHILD MAY NEED EXTRA HELP, PATIENCE, TIME, AND LOVE DURING THE DAY.