

Policies and Procedures Signature Page

Daisy Duke Daycare

After reading the Parent Handbook, please sign below and return the form to the Daisy Duke Daycare office.

We, the parent(s)/guardians of _____ have read and understand the contents of the Parent Handbook. We agree to follow the policies outlined in Parent Handbook. We understand that Daisy Duke Daycare reserves the right to amend policies and procedures when necessary, and that we will be notified of any changes in writing and will abide by changes.

Any changes made to the Handbook will be distributed by Daisy Duke Daycare.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

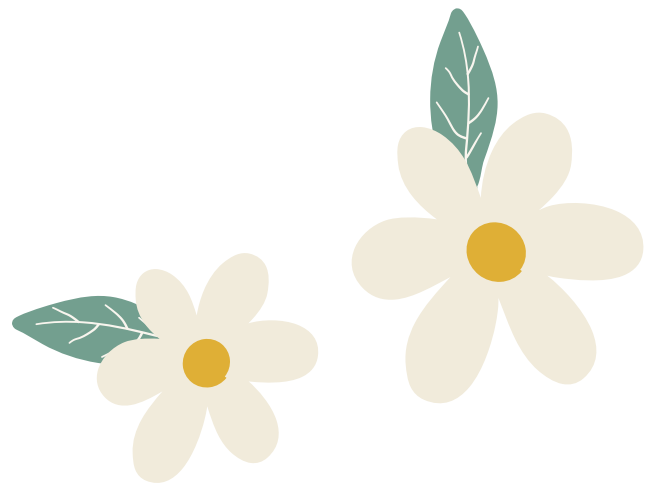
Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by _____

on _____



Emergency Medical Authorization Daisy Duke Daycare

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____, However, if I cannot be reached, I hereby authorize staff at Daisy Duke Daycare, to secure emergency transportation for my child to the nearest medical facility and to secure the necessary medical treatment. I understand the providers in the childcare center are trained in the basics of first aid and CPR. I authorize them to give my child first aid and CPR when appropriate. I also understand that any expenses incurred will be my responsibility.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

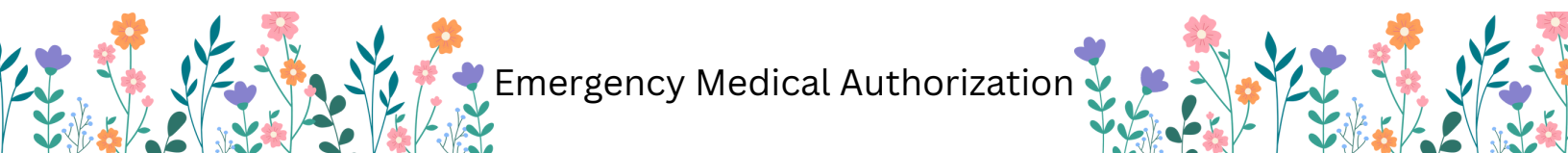
Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by Daisy Duke Daycare _____

on {enter date} _____



Medication Administration Daisy Duke Daycare

I hereby authorize staff at Daisy Duke Daycare, to administer prescription medication to my child as indicated on the prescription. I hereby authorize staff at Daisy Duke Daycare to administer non-prescription medication to my child as indicated by signed doctor note.

The following medications will be administered to my child:

Medication	Dosage	Dates	Time	Special Instructions

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by Daisy Duke Daycare _____

on {enter date} _____

Authorized Persons
Daisy Duke Daycare



I authorize staff at Daisy Duke Daycare to release my child to the following authorized persons:

Name	Relationship	Address	Phone

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

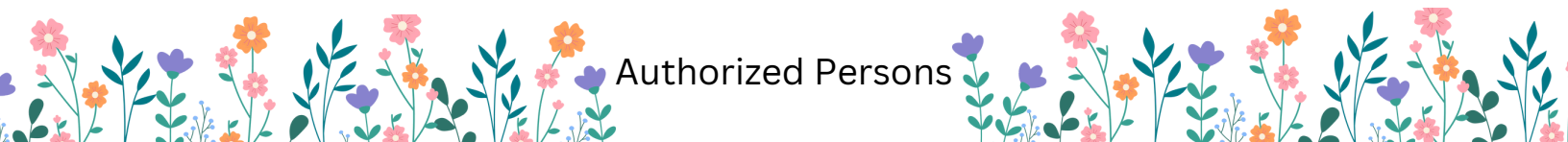
Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by {enter name of Daycare provider} _____

on {enter date} _____



Fieldtrip Permission Form (Example)

Daisy Duke Daycare

I understand that my child, _____ will visit (location) _____ on (date) _____.

I hereby authorize the staff at Daisy Duke Daycare to transport my child by (car/bus/van)

The departure time is _____ am/pm and the return time is _____ am/pm.

In case of an emergency, I can be contacted at (phone) _____.

I hereby authorize my child to go on this trip.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Received by Daisy Duke Daycare _____

on {enter date} _____



Incident Report (Example)

Daisy Duke Daycare

This form is to document injuries, accidents, medical situations, and student behavior incidents.

Date: _____

Time of Incident: _____am/pm

Child's Name: _____ Child's Age: _____

Location of Incident: _____

Description of Incident: _____

Description of Injury: _____

Witnessed by: _____

Person Attending to Injury: _____

Treatment Applied: _____

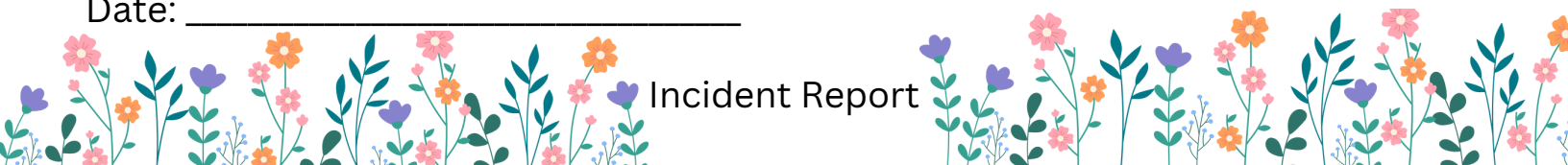
Notes: _____

Parent was notified by _____ on (date) _____

Director's Name: _____

Director's Signature: _____

Date: _____



Daisy Duke Daycare

Child Care Services Contract

PARTIES:

This Child Care Contract made (date) _____ is between:

Provider(s): _____ Daisy Duke Daycare _____ and

Parent(s)/Guardian(s): _____

FOR THE CARE OF:

Child Name: _____

DOB _____

Child Name: _____

DOB _____

Child Name: _____

DOB _____

Child Name: _____

DOB _____

The provider may amend the contract by giving the Parent/Guardian a copy of the new or changed policies at least 2 weeks before any changes go into effect.

HOURS OF CARE NEEDED:

	MON	TUES	WED	THURS	FRI
DROP OFF					
PICK UP					

PAYMENT FOR CARE PROVIDED:

1st Child \$_____per month/week/bi-weekly
2nd Child\$_____per month/week/bi-weekly
3rd Child \$_____per month/week/bi-weekly
4th Child \$_____per month/week/bi-weekly

PAYMENTS/FEES:

Payments are due the **Sunday** before care. Payment may be made by Zelle . A late fee of \$__10__per day will be assessed for each late day. If payment is more than one week late, this agreement will be terminated.

Parents/Guardians will be charged additional fees for early drop-off/late pickup. Daisy Duke Daycare is open from
\$__5.00__ per 5 minute increments

HOLIDAY CLOSURES:

Daisy Duke Daycare will be closed on the federal holidays. The list will be on the Parent Board inside the Center; Parents Will be given a 2-week Notice.

CLOSURES DUE TO OTHER REASONS:

For daycare closures due to other reasons (e.g., power outage, weather, acts of God, etc.), Parent/Guardian will be given the best notice providers can give.

VACATIONS:

If a parent/guardian plans on taking a vacation and the child is not in care, the provider must be given 7 days' notice. Parents are expected to pay during their scheduled vacations while holding their child's spot.

ILLNESS/INJURIES

When a child is ill and will stay home, the Parent or guardian is expected to make every effort to give the Provider as much notice as possible. The parent or guardian is also expected to pay on the child's sick days.

If a child does not arrive for the day and no notice has been given to the Provider, the Parent/Guardian is still expected to pay for that day of care.

When a child becomes ill while in the Provider's care, the Provider will immediately notify the Parent/Guardian. If a child presents with a fever above **101.0, vomiting, or diarrhea**, regardless if it is due to teething or allergies, the Parent/Guardian or approved pick-up person will be required to come to pick up the child from daycare within **1 hour** of being notified.

In case of injury, the parent or guardian will be notified immediately. If it is a life-threatening injury, emergency authorities will be contacted.

TRIAL PERIOD:

All children will be accepted on a 2-week trial period to ensure that they are a good fit for our daycare. During this 2-week trial period, the Provider or Parent/Guardian can terminate this agreement with 1-day written notice if it is believed that the child is not a good fit. After the 2-week trial period, care can be terminated by either the Provider or Parent/Guardian by providing a 2-week written notice and a reason.

AGREEMENT SIGNATURES

In WITNESS WHEREOF, the Parties have to agree to the above terms and have caused this Agreement to be executed in their names.

Provider Name _____

Provider Signature _____

Date: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____

