

JUST BABIES CLUBHOUSE

PARENT CONTRACT

PARENT/GUARDIAN INFORMATION

Registration Date: _____

Mother/Guardian

First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone () _____

Work Hours: _____ Email: _____

Father/Guardian

First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone () _____

Work Hours: _____ Email: _____

How did you hear about our center? _____

Referral Name (if applicable): _____

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

CHILD(S) INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Child's Nickname: _____ Infant Age: _____

Child's Address: _____

Gender: [☐] Male [☐] Female Date of Birth: _____

CHILD(S) INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Child's Nickname: _____ Infant Age: _____

Child's Address: _____

Gender: [☐] Male [☐] Female Date of Birth: _____

List any additional children:

ALL PAYMENTS ARE DUE: **Friday (week before)** of that week unless described here:

- a) Late Fee will be assessed **at \$1.00** per every minute.
- b) Care will be denied if agreement is not honored or payment is not made.
- c) One weeks of vacation per family per year.
- d) Once your child is enrolled, weekly payments are due whether your child comes or not.
- e) Two weeks' notice is required by both parties if withdrawal become necessary or payment will be required.
- f) Parent will be charged a **\$35.00** fee for returned checks.

Agreed arrival is: _____

Departure time: _____

Weekly Fee \$ _____

Parent agrees to:

1. Fulfill State requirement annual physical recorded as per the state guideline (Universal form)
2. Update the emergency contact/consent form information whenever changes occur.
3. Parent consent to neighborhood walks _____ Yes _____ No

HOURS OF OPERATION: 6:00 A.M. TO 6:30 P.M.

Person authorized to pick up your child and/or contact in case neither parent is available in case of an emergency or if child becomes ill.

EMERGENCY CONTACT

1) _____ Phone No. _____

Address: _____ Relationship to child: _____

2) _____ Phone No. _____

Address: _____ Relationship to child: _____

3) _____ Phone No. _____

Address: _____ Relationship to child _____

PERSON TO WHOM CHILD MAY RELEASED

1) _____ 3) _____

2) _____ 4) _____

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As per parent/guardian, I give consent to have my child receive first aid by a staff member, and if necessary be transported to receive emergency care. I authorize the Director or Director Designee to contact my child's health care provider to alert them to my child's situation. I understand that I will be responsible for all charges not covered by my insurance. I give consent for the emergency contact

person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every school year.

Parent/Guardian Signature #1 _____ Date _____

Parent/Guardian Signature #2 _____ Date _____

The daycare provider may give Tylenol by mouth as needed for pain/headache/fever/>100.5 during the time in care.

Child is allergic to: _____ Child has asthma ___ Yes ___ No

Routine medication my child is taking: _____ Child can't eat: _____

List any health/medical information about your child (such as diagnosed: seizure disorder, diabetes, bleeding tendencies, hyperactivity; wear glasses and when, etc.). This information may be share with relevant staff as needed to ensure that your child's needs are met while in school.

Parent/Guardian: _____ Date: _____

PERMISSION FOR EMERGENCY TREATMENT

Child's Doctor: _____ Phone #: _____

Address: _____ City: _____

Allergies or other significant medical information:

Child's Dentist: _____ Phone #: _____

Address: _____ City: _____

I give **JUST BABIES CLUBHOUSE** permission for my child to receive medical attention if necessary.

Parent's signature: _____ Date: _____

CUSTODY

Please note the name of any person ***PROHIBITED*** from picking up your child. If this person is a non-custodial parent, you must attach a copy of the appropriate court order.

PERMISSION FOR YOUR CHILD TO PARTICIPATE IN WALKING TRIPS

I do _____/or do not _____ give my permission for my child to go on walks around the neighborhoods surrounding **JUST BABIES CLUBHOUSE**. (JUST BABIES CLUBHOUSE N/A)

Parent's signature: _____ Date: _____

CENTER POLICY

I have received the policies and procedures for **JUST BABIES CLUBHOUSE** and agree to abide to its content.

Parent's signature: _____ Date: _____

DEPT. OF PUBLIC WELFARE INFORMATION

I acknowledge receipt of the DPW "Information to Parents" letter, complete written program information at the time of enrollment including (3207.121, 3280.121, 3290.121). Parents further agrees to update the emergency contact/consent form Information whenever changes occur or every 6 months at a minimum (3207.124, 3280.124, 3290.124).

Parent's signature: _____ Date: _____

TUITION

I agree that my child will be attending **JUST BABIES CLUBHOUSE** on these days _____ during these times _____ and the monthly/weekly tuition will be _____.

The Parent/Guardian agrees to all the above:

_____	_____	_____	_____
Parent/Guardian	DATE	Parent/Guardian	DATE

JUST BABIES CLUBHOUSE

_____	Date _____
Parent/Guardian	

_____	Date _____
Director	

Enrollment Date: _____

HOLIDAY SCHEDULE

Labor Day
Thanksgiving Day & Day after
Christmas Eve
Christmas Day
New Year's Eve (close at 3:00 PM)
New Year's Day
Martin Luther King's Day
Memorial Day
Columbus Day
Good Friday
4th of July

If a holiday falls on a Saturday, the center will be closed that Friday. If a holiday falls on a Sunday (example: Christmas) the center will be closed on Monday.

Weather Closings: Please consider traveling time during inclement weather, allowing for enough time to pick your child up to prevent being **charged a late fee**.

Absences: Please call the night before or as early as possible in the A.M. if your child will not attend that day.

I agree to the above:

Parent/guardian

Parent/guardian

Date: _____

Date: _____

How did you hear about our center?

Referral Name (if applicable): _____

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Signature:

Parent's Signature: _____ Date: _____

Signature:

Director's Signature: _____ Date: _____

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