

Telephone Number _____ Work Hours _____

If there is an emergency which parent should we contact at work first? _____

PLEASE LIST PERSONS AUTHORIZED TO PICK UP YOUR CHILD. THESE PEOPLE WILL ALSO BE CALLED IN AN EMERGENCY IF A PARENT CANNOT BE REACHED.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

4. _____ Relationship _____ Phone _____

5. _____ Relationship _____ Phone _____

Child's Doctor _____ Phone Number _____
Address _____

Child's Dentist _____ Phone Number _____
Address _____

EMERGENCY

The emergency medical release shall be signed and dated by the parent every six months. In case of an emergency Happy Day Christian Child Care has my permission to take my child to the nearest hospital emergency center or permission to call and ambulance.

Signature of parent or guardian _____ Date _____

INSURANCE

Our child is covered by _____ (name of plan). Our child's policy number is _____.

FIELD TRIPS AND SPECIAL CLASSES

_____ My child may be taken on field trips or excursions by bus or private motor vehicles under proper supervision.

_____ My child may participate in activities such as Tumble Bus, Dance Class, Spanish

Class or other classes offered by the Center. I realize that I will sign my child up and pay for the special classes. I realize the special classes are offered by people who do not work for Happy Day and are not under the same rules set out by the Child Care Division for child care centers.

GENERAL INFORMATION

Has your child had previous experience in day care? _____ If so where? _____

_____ How long ago? _____

Reason for requesting daycare _____

Please give any information concerning your child which will be helpful in his/her experiences in day care. Examples play, eating & sleeping habits, fears, likes etc.

What communicable diseases has your child had? Measles _____ Mumps _____

Chicken Pox _____ Whooping Cough _____ Other _____

Any serious illness or hospitalization? _____

Any physical disabilities? _____

Any known allergies? _____

Any medications given regularly? _____

Any foods your child cannot eat? _____

Is your child toilet trained? _____ Can the child be relied upon to indicate his/her bathroom wishes? _____ Does your child have frequent accidents? _____

FURTHER COMMENTS

Elementary School Age Admission (To be filled out only if your is attending Elementary School and you are applying for after school or Summer Primary Program.)

Current Grade _____ School attending _____

Is your child now or has your child been enrolled in any type of special education or special interest program? _____

Where do your child's interest lie? _____

How can we best help your child? _____

Happy Day Christian Child Care Child Care Contract

Name of Parent (s) or Guardian (s) _____

Parent (s) or Guardian (s) SSN) _____

Name of Child Enrolled _____ Birth Date _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Name, Address, Phone Number of Adults responsible for payment if different than above.

Third - Party payers _____

Be advised if the third-party payer does not pay you are responsible for all payments due.

Program child is enrolled in _____ Monthly charge _____

PAYMENTS AND FEES

Partial payment is due by the 5th of the month and full payment is due by the 15th. There will be a \$25.00 late charge for payments made after the 20th of the month. If your child's tuition is 30 days past due, your child will no longer be able to attend until payment has been made in full.

A service fee of \$25.00 will be charged on all returned checks.

A one-time enrollment fee of \$55.00 (non-refundable) is charged at time of enrollment.

A supply fee of \$35.00 is due for each child on September 1st.

Children must be picked up by 6:00 p.m. or you will be charged a late fee of \$1.00 per minute per child. Late fees need to be paid to the attendant on duty within two weeks or they will double.

VACATION POLICY

We reserve a position for your child monthly. We do give you a vacation period of three weeks per year, in which you may take your child out of school without paying tuition. However, written notice of at least two weeks in advance is required. Vacation time is not given until 60 days after your child begins at our school. Children in summer care will need to attend a minimum of three days a week or 12 days a month.

ILLNESS POLICY

By signing this contract I have read and understand that my child may not be in care if he/she has one or more of the following: is diagnosed as having or being a carrier of a child care - restrictable disease, a fever of over 100 taken under the arm, diarrhea, vomiting, nausea, severe cough, unusual yellow color to the skin or eyes, skin or eye lesions or rashes that are severe, weeping or pus-filled, stiff neck and complaint of severe pain.

I understand that my child will be sent home from school if they have one of the illnesses listed above. I understand that they will not be able to return to school for 24 hours and if they need antibiotics they may not return until they have been taking them for 24 hours.

I understand that if I bring my child to school sick my child's enrollment may be terminated.

I understand that I must still pay for my child's spot in the school even though they are out sick.

HOLIDAY POLICY

Happy Day Christian Child Care is closed on the following days: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas, the Friday before Labor Day, and the

day after Thanksgiving. We also close at 4:00 p.m. on Christmas Eve. These days do not alter your fees as they are paid days off for our staff.

EXCLUSION POLICY

Here at Happy Day Christian Child Care it is our goal to provide a safe, happy, and loving environment for all of the children in our care. We cannot have children in our care that are hurting other children or our staff. If we have a child who is intentionally hurting others the following plan will take place: First offense we will let you know what happened and that this is unacceptable behavior. Second offense we will suspend your child from school for two days (these days will still have to be paid for). Third offense your child will not be allowed to come back to school.

WITHDRAWAL POLICY

I understand that I will need to give a two week written notice to Happy Day Christian Child Care if I would like to withdraw my child from the program. I understand if I do not give a two-week notice that I will be charged for those weeks.

I have read and understand the policies at Happy Day Christian Child Care. I understand that these policies are in the best interest of all the children at the Center. I realize if I do not follow the policies I risk losing the position that my child has at Happy Day Christian Child Care. I understand that if my tuition and fees are not paid I will be turned over to a collection agency. I understand that if I am turned over to a collection agency that collection fees, court fees, and interest will be added to the balance that I owe. I understand that Happy Day Christian Child Care reserves the right to review this contract for needed changes with a two-week notice.

Signature of Parent (s) or Guardian (s) _____

_____ Date _____