

Enrollment Contract

The charge for the care of _____ will be \$_____ per week beginning on _____. Payment for child care will be paid on a daily/ weekly / bi-weekly /monthly (circle one) basis.

Parent's Initials _____

.....
The following paragraph is ONLY for families receiving Third Party Funding:

I, _____ understand that _____ (<Caps childcare if applicable) does not pay for the one week of paid vacation and I will be my own responsible for paying one week of paid vacation for the provider, the day after Thanksgiving, Christmas Eve, and New Year's Eve. I also understand that I am required to pay any late fees in regards to my child being picked - up on time and paperwork or any unexcused absences.

Parent's Initials _____

My Child will be placed into care and removed from care according to the following schedule. Any pick-up or drop-off times other than the times listed below will result in early/ late charges as listed in this agreement. Any changes in the days agreed upon must be met with a 2 - week written notice (unless Drop-in 24 -48hour notice) in order for me to see if I can accommodate the changes needed.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Drop - off Time					
PM Pick - up Time					

Parent's Initials _____

Soars Preschool & Childcare service asks for Permission to photograph your child, for artwork, class project, allergy listing or possibly on our daycare web page for promotional use only. Never will we list Children's full names or any other confidential information without your consent.

Parent's Initials _____

I/we, the parents of _____ give **LaTrice M** permission to transport my/our child in a vehicle. **Note:** It is not my (LaTrice) intent to be transporting children around on a daily basis, but that I (LaTrice) would like to pick up my own children from school when numbers are low. All children will be properly secured in a seat belt or approved child safety seat. **Parent's Initials** _____

I hereby authorize **LaTrice M/Staff**, my daycare provider to use the following products according to the manufacturer or doctor's written instructions.

Parent's Initials _____

Items listed below with a (*) are to be provided by the parents and labeled with your child's name.

Wipes *	Yes []	No []
Diaper Ointments *	Yes []	No []
Orajel or Teething tablets *	Yes []	No []
Baby lotions/powder/cornstarch *	Yes []	No []
First Aid Ointments (Neosporin)	Yes []	No []
Sunscreen lotion /spray	Yes []	No []
Antibacterial Hand soap	Yes []	No []
Infant Gas Drops (Mylecon drops) *	Yes []	No []

Parent's Initials _____

Signature: _____ date _____

Accepted by **LaTrice McKenzie** on _____.

Provider Signature: _____ **date** _____

