

Walk and Roll Daycare Agreement

Rates~

The rates agreed are \$_____ per week for the care of your child/ren. This fee is due each Friday upon pick up for the coming week. A \$20.00 a day late fee will be charged if your payment is not paid on time (Friday by 5pm). Childcare will be denied until balance owed is paid in full. I understand this is a guaranteed rate and includes full pay for holidays, with no credit for absent or sick days. Payments need to be paid in advance on the first day of attendance. Mid week enrollment will be prorated.

My child will be in daycare on the following days:

Mon_____ Tues_____ Weds_____ Thurs_____ Fri_____

I agree to pay \$_____ For the above listed days/ hours for the care of my child/ren.

(List name(s) and birthdates below):

Name:_____ Born:_____

Name:_____ Born:_____

Name:_____ Born:_____

Late payment policy~

When a payday falls on a Friday the Daycare is closed, the payday will be on Monday morning with no late charge. If for any reason your child will not be attending daycare on Monday you are still responsible to pay on this scheduled day unless other arrangements have been made in advance. Payments in advance will be accepted.

Return check policy: A \$25.00 handling charge for any returned dishonored check presented by the parent. The parent will be required to pay cash from that point on.

Acceptable payment methods include check, cash, and PayPal.

Holidays~

The parent understands that \$_____ is a guaranteed rate and includes full pay for the holidays listed below in which daycare will be closed.

(Please cut and post these holidays on your refrigerator or keep in your wallet).

NEW YEARS EVE NEW YEARS DAY * MEMORIAL DAY* INDEPENDENCE DAY (4TH OF JULY)
LABOR DAY* THANKSGIVING WEEKEND (THURSDAY AND FRIDAY)*CHRISTMAS EVE*
CHRISTMAS DAY*

Vacations~

When a parent takes a vacation they must give a 2 week notice prior to vacation. Parents will receive 1 (one) week vacation per year at half rate. All other vacations during the same year will require the full rate to maintain the child's spot in daycare. Payment is due prior to your vacation.

The Daycare is usually closed 1-2 weeks per year. A four week notice will be given to all parents so alternate arrangements can be made. Parents will not be charged for this time.

Meals~

Food is offered to your child but they are not forced to eat it, in which case we will notify you right away if your child is not eating. Serving times are as follows:

9:30-10am snack~ 11:30-12:pm Lunch~3pm snack

Medicine~

Medicine can be administered to your child but parents will need to sign a release form stating that permission is given to do so. Medicine must be properly labeled with the childs name on it and the dosage and times to be administered.

All children are required to have a photo copy of their current and update shot records parents are required to keep their children’s shots up to date.

Illness~

The daycare must maintain a healthy environment for the benefit of your child and the other children enrolled in care. A child must stay home if they have fever, if he or she are vomiting, has diarrhea or any illness which is determined to be harmful to your child or the children in daycare. If a child becomes ill while at daycare he or she must be picked up right away.

Supplies~

Daily supplies will be provided for your child’s play and learning which include but not limited to: activity coloring books, games, toys, puzzles, outdoor play equipment, etc. Items brought from home should be kept to a minimum. These items will be in contact with other children and may be lost or broken. The daycare assumes no responsibility for these items.

First day of attendance~

Please bring where applicable: baby wipes, diapers, extra set of clothes, security item (if needed), teething toys for infants.

I understand and have read the above.

**The first 10 calendar days after the first day of care are within a probationary period for the provider, parent and child. This agreement may be terminated at any time during that period.

**Record of your payments will be kept and we will give you an end of the year statement.

If you need a weekly receipt please let us know.

**Please call by 7:30 am if your child will not be attending daycare that day.

**2 week notice must be given if your child is to leave daycare.

**Please keep us updated on any address, employment, phone number changes or any emergency contact information.

**We will treat each child equally and the same as if they were our own children.

**Please do not bring candy, gum, balloons or money with your child as these are a choking hazard to your child as well as the other daycare children.

**We close at 5:00 pm sharp! We will need to charge you an overtime fee of \$5.00 per 10 minutes after 5:00 pm (unless otherwise agreed upon).

I (name) _____

Have read and will comply with this contract agreement between:

Parent Signature _____ **Date** _____

Daycare Provider: _____ **Date** _____

First day of enrollment: _____ **childs age** _____

Walk and Roll Daycare Enrollment Form

Date _____

Child's age _____

Child's Birthday _____ Nickname _____

Address _____

Contact Info:

Mom's name _____ Birthday: _____

Dad's name _____ Birthday: _____

(Mother) Home Phone _____

(Mother) Work Phone _____

(Mother's) Cell Phone _____

(Father) Home Phone _____

(Father) Work Phone _____

(Father's) Cell Phone _____

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Do you have a backup care provider? _____

Service Info:

Beginning date needing care _____

Hours: Monday _____ Tuesday _____

Wednesday _____

Thursday _____ Friday _____

Saturday _____

Sunday _____

Times you plan to drop your child off _____

Times you plan to pick up your child _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Doctor's name _____

Doctor's phone number _____

Dentists' name _____

Dentists' name _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

.(please circle)

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Has your child ever been in child care before? _____

What type? (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Why are you looking for child care? _____

How does your child feel about daycare and being left by his/her mommy/daddy? _____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____

What is your normal method of discipline? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. _____

Food restrictions? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for: Bowel movements _____ urination _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

What are your child's favorite activities, toys, books, or games? _____

Are there any other comments or information you would like to let me know about? _____

Any specific concerns? _____