

# Brandi "B" Day Care

## Enrollment Contract

The charge for the care of \_\_\_\_\_ will be \$\_\_\_\_\_ per week.

Beginning on \_\_\_\_\_. Ending on \_\_\_\_\_.

Payment for child care will be paid by \_\_\_\_\_ (name of person)

on a weekly / bi-monthly /monthly (circle one) basis.

**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 the provided Policies/Parent Handbook. Any changes in the days agreed upon must be met with a two week written 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					

Note: Brandi "B" Day Care provides breakfast, lunch, and snacks only, it is the responsibility of the parent to provide dinner.

**Parent's Initials** \_\_\_\_\_

### Child Release:

I, the parent of \_\_\_\_\_ recognize that Brandi "B" Day Care will not release my child under any circumstance to any person(s) other than those I have given prior authorization. Additional person(s) who may pick up my child on a less frequent basis:

Code Word: \_\_\_\_\_

#### Person One:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Person Two:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent's Initials** \_\_\_\_\_

**Photograph:**

I, the parent of \_\_\_\_\_ give / do not give (circle one) Brandi "B" Day Care permission to photograph my child during daycare hours. I understand that the photos may be used on displays within the daycare, for artwork or possibly on the daycare's own web page. Children's full names will never be used on the web page.

**Parent's Initials** \_\_\_\_\_

**Transportation:**

I, the parent of \_\_\_\_\_ recognize that at this time Brandi "B" Day Care does not provide transportation under any circumstances. When and if transportation becomes available a signed permission slip will be required. Any medical emergencies requiring transportation to a hospital will be provided by an ambulance. Brandi "B" Day Care will not be held responsible for any costs involved in medical treatment and/or the costs of an ambulance.

**Parent's Initials** \_\_\_\_\_

**Field Trips:**

I, the parent of \_\_\_\_\_ recognize that at this time field trips are not available with Brandi "B" Day Care. When field trips become available, a signed permission slip for fields trips is required. All field trips will be planned and parents/guardians notified in advance. If there are field trips requiring additional money it will be announced before hand and an additional permission slip will be sent home.

**Parent's Initials** \_\_\_\_\_

**Water Play:**

I, the parent of \_\_\_\_\_ am aware that Brandi "B" Day Care has many activities involving water play throughout the year. These include but are not limited to: water sensory tables, water bottles, sprinkler play, and bathing a soiled child. At this time, wading pools are not available for water play activities. If wading pools become available in the future, a signed permission slip will be required.

**Parent's Initials** \_\_\_\_\_

**Medication Authorization:**

I hereby authorize Brandi Braden, my daycare provider to use the following products on my child, \_\_\_\_\_ according to the manufacturer or doctor's written instructions. I release Brandi Braden from any liability for administering these preparations. This consent is valid from today until January 1, 2008. I may withdraw this request at any time.

Note: If the instructions for administering the medication, cream, etc. are not printed on the container (such as Tylenol for children under 2 years) then, I need a form from the child's doctor indicating the appropriate dosage to be given.

Tylenol*	Yes [ ]	No [ ]
Do you want a phone call prior to giving Tylenol?	Yes [ ]	No [ ]
Baby Wipes*		
Band-Aids	Yes [ ]	No [ ]
First Aid Ointments/Sprays (Neosporin, Bacitricin/Bactine or similar first aid spray)	Yes [ ]	No [ ]
Ipecac Syrup	Yes [ ]	No [ ]
Sunscreen*	Yes [ ]	No [ ]
Insect Repellent*	Yes [ ]	No [ ]

Diaper Ointments* (A & D, Desitin, or Vaseline)	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
Infant Gas Drops* (Mylecon drops)	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
Baby Lotion*	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
Powder*	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
Other:		

\* Denotes items to be supplied by parents if use is requested.

**Parent's Initials** \_\_\_\_\_

**Medical Consent:**

I, the parent of \_\_\_\_\_ give Brandi "B" Day Care permission to provide all necessary emergency medical, dental or other care for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child. I further authorize Brandi "B" Day Care to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for my child.

Physician/ Emergency Medical Hospital you prefer:

\_\_\_\_\_

Furthermore, I acknowledge that I have received and have read and accept the terms in this agreement with Brandi "B" Day Care. I understand that this is a legal binding contract entered into with Brandi "B" Day Care. I also understand that I will receive a copy of all the pages of this agreement to refer back to as needed. I understand that the contents of this contract may be changed at anytime by Brandi "B" Day Care providing two weeks written notice to me. Anytime a change is made, I will be given a new contract if I intend on continuing childcare at Brandi "B" Day Care. I have received an exact copy of the 2007 Policy/Parent Handbook for my own records.

**Mother**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Father:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Accepted by Brandi "B" Day Care on** \_\_\_\_\_.

**Provider Signature:** \_\_\_\_\_

