

Drop-In Provider-Parent Agreement for Crystal Skinner Child Care

Child's Name and Enrollment Information:

I agree to enroll my child _____ in *Crystal Skinner Child Care* beginning on _____.
My child will be attending the following days of the week: (please circle or highlight)

Monday Tuesday Wednesday Thursday Friday **Drop In**

My child will arrive at: _____. My child will be picked up by: 11:30 AM if enrolled for a morning half day or 4:30 PM if enrolled for an afternoon half day, or enrolled for a full day. I understand the normal contract calendar year runs from Labor Day to the Friday before the following Labor Day. I have received and read the **Policy Guidelines Booklet** for *Crystal Skinner Child Care*, and agree to comply with all rules and responsibilities stated therein.

Initial _____ Initial _____

Absences, Sick Days and Early Departure Days:

In the event that my child leaves *Crystal Skinner Child Care* early because of illness or any other condition that may affect the health and well being of other attendees or does not attend *Crystal Skinner Child Care* during his/her scheduled time, (i.e.; doctor appointments, birthday parties, school functions, sporting events, accompanying you to work, preschool, going to a friend or relatives home, day camps, early departure days, and non vacation days), I am responsible for paying for the time my child would normally attend *Crystal Skinner Child Care*. I understand that by signing this **Alternate Agreement** I am required to pay for days if I reserve a spot for my child. I will be charged for the reserved day regardless of actual attendance.

Initial _____ Initial _____

Absence due to maternity or extended leave (up to 8 weeks) from Crystal Skinner Child Care:

Crystal Skinner Child Care will require weekly payments equal to one-half of your weekly child care tuition fee during the time of your absence, to secure your child's enrolled time slot at *Crystal Skinner Child Care*.

Initial _____ Initial _____

Health and Medication:

I agree to furnish *Crystal Skinner Child Care* with a signed emergency medical statement as well as a current physical examination form filled out by my child's physician within 30 days of enrollment I understand all prescription medications must be in a labeled container with the doctor's name, date and prescription number. I further understand that I am responsible for filling out a dispensing medication form available to me from Crystal Skinner when my child is taking prescription medication. I agree to accept and abide by the guidelines outlined on the communicable disease handout regarding exposure and exclusion from child care.

Initial _____ Initial _____

Holidays and Personal Days:

I understand that *Crystal Skinner Child Care* will be **closed** on the following holidays: Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the Friday after, Christmas Vacation, Martin Luther King Day, President's Day, Winter Recess, 10 Personal/Illness Days, Spring Recess, Memorial Day, Independence Day, and a Summer Vacation week. I further understand that I am paying Crystal Skinner Child Care under the Alternate Drop-In Agreement where I pay on the day my child is in care. I am **not** responsible to pay *Crystal Skinner Child Care* for closed holidays, personal /illness days or vacation days.

Initial _____ Initial _____

Vacation Days:

I understand I will not be held responsible for payment for closed vacation days. I understand my child is not eligible for any free vacation.

Initial _____ Initial _____

Tuition Payments and Deposit, Late Fees, Returned Check Fees:

Tuition Payments and Enrollment Fee:

I understand that cash or check payment, for weekly tuition, is expected at the beginning of each enrolled week. All tuition payments should be received on the first day of attendance for each new week. Checks should be made payable to ***Crystal Skinner***. I agree that the daily fee for my child to attend ***Crystal Skinner Child Care*** is **\$ 50.00** for a full day.

Late fees:

I understand all unpaid accounts will be charged a late fee of ***\$10.00 per day late***. I understand a late fee of ***\$1.00 per minute***, per child, will be charged if my child is not picked up by 11:30 AM for half day morning attendees and by 4:30 PM for all afternoon attendees.

Non-sufficient funds and returned check fee:

I understand a fee of ***\$35.00*** will be charged for all returned checks.

Initial _____ Initial _____

Divorce Records, Custody Agreements, and Legal Guardianship:

I understand that divorced parents and legal guardians are required to provide a copy of custody papers or legal guardianship papers, to be kept in the child's file at ***Crystal Skinner Child Care***. I further understand the legal guardian or custodial parent, while the child is enrolled in ***Crystal Skinner Child Care***, will be responsible for payment to Crystal Skinner. In the case of divorce or pending divorce, I will supply Crystal Skinner with copies of applicable orders with regard to custody, visitation or any pertaining restraining orders.

Initial _____ Initial _____

Arrival Procedures:

I understand that I must accompany my child inside ***Crystal Skinner's Child Care*** home each time I arrive, and have Crystal Skinner acknowledge my child's presence.

Initial _____ Initial _____

Personal Items:

I will not allow my child to bring gum or candy to child care without Crystal Skinner's knowledge. I understand children are welcome to bring appropriate toys from home, and the toys should be shown to Crystal Skinner upon arrival. My child should be willing to share any toys or games he or she brings with the other children in attendance (this does not include special blankets or stuffed toys used for nap times). I understand that toys do get broken during normal play and I will not request payment or replacement for any toy that may break during normal play.

Initial _____ Initial _____

This signed copy will be kept and maintained in my child's file. ***Crystal Skinner Child Care*** will provide me with a copy of this document for my records.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Crystal Skinner

Date