

FUNSHINE CHILDREN'S CENTER
PARENT AGREEMENT

I am enrolling my child, _____ in the Funshine Children's Center program this ____ day of _____ 20 _____. I understand that I am registering my child for ____ days per week and that the fee will be paying is \$_____ each week. This fee is due on Friday or the last day my child attends each week for the following week. Each payment will be made prior to the child care service rendered by the Funshine staff.

A non-refundable registration fee of \$100.00 (one-hundred dollars) is required when enrolling a child. All required forms are to be completed and returned to Funshine before the child attends.

I understand and agree to pay for the first week of my child's absence for any reason. I will pay one-half (1/2) of the regular fee for the second and consecutive weeks. For a maximum of three consecutive weeks if prior written notice is given to the Director. If it becomes necessary to withdraw a child, Funshine requires a two week written notice to be given.

A material fee of \$100.00 (one-hundred dollars) will be charged at the beginning of each academic school year.

There is a \$35.00 (thirty-five dollar) service charge for all returned checks. After the second NSF check is received, Funshine Children's Center will no longer accept payment by personal check. Subsequent fees must be paid by cash, cashier's check or money order.

The Funshine Children's Center is open Monday through Friday 6:30 a.m. until 6:00 p.m. A late fee of \$10.00 will be charged for the first five minutes and a \$1.00 a minute fee there after whenever a child is picked up after 6:00 p.m. We are closed on Memorial Day, July 4th, Labor Day, Thanksgiving Day and the day after, Christmas Day and New Years Day.

I understand my child is enrolled for a probationary period of two weeks for the purpose of evaluating the child's aptitude for the program and the program's appropriateness for the child. If it is deemed by the staff it is necessary to withdraw the child after this evaluation period, the material fee will be returned. In addition, a child may be asked to be withdrawn without refund at any time thereafter if it is determined the child's presence is detrimental to himself or others.

It is our policy no person shall use corporal or other cruel, harsh or unusual punishment or any humiliating or frightening method to control the actions of any child or group of children. No child of any age shall ever be shaken, hit or spanked. Children shall not be humiliated or subjected to abuse or profane language.

Children requiring special care shall not be present in our regular program without prior consultation with the director and without written approval from a qualified specialist in the field of medicine, psychology or special education.

I will be responsible for the payment of the weekly tuition and related fees for my child if there is a change in Funshine Children's Center fee schedule. In the event that my account becomes delinquent and is turned over to a collection agency, I agree to pay all late and legal fees due Funshine Children's Center resulting from this course of action. I agree to inform the office of any changes in writing and to keep all information current.

Signature _____ Date _____

Signature _____ Date _____

I have received and agree to abide by the Parent Handbook.

Signature _____ Date _____

Directors
Signature _____ Date _____

Enrollment Information
(for office use only)

Start Date _____

Registration Fee _____

Fee for 1st week _____

Check number _____ date _____

Contracted for _____ days/week.

Breakfast Fee \$ _____

Cash \$ _____

Completed Forms:

Parent Agreements Form signed by all guardians _____

Health Form completed by physician _____

Emergency Medical Form notarized _____

Infant feeding plan completed by physician _____

Discussed:

Vacation Policy _____

Material Fee _____

Transition Period _____

Medical issues (allergies, seizures etc...) _____

INFORMATION FORM

CHILD:

Child's Name: _____ Sex: ____ D.O.B. _____

Address: _____
(street) (city, state) (zip code)

FIRST PARENT:

Name: _____ Social Security #: _____

Address (if different from above): _____
(street) (city, state) (zip code)

Company/Employer Name: _____

Address: _____
(street) (city, state) (zip code)

Contact Information:

Phone: _____ (home) _____ (work)
_____ (cell)

e mail: _____

SECOND PARENT:

Name: _____ Social Security #: _____

Address (if different from above): _____
(street) (city, state) (zip code)

Company/Employer Name: _____

Address: _____
(street) (city, state) (zip code)

Contact Information:

Phone: _____ (home) _____ (work)
_____ (cell)

e mail: _____

TRANSPORT INFORMATION:

Other than parent, who is authorized to transport your child?

1. Name: _____ Phone: _____
Relationship to Child: _____

2. Name: _____ Phone: _____
Relationship to Child: _____

If neither parent can be reached during school hours, please list another name in case of emergency.

Name: _____ Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

PLEASE INDICATE YOUR REQUIREMENTS

Center Admittance Date: _____

Arrival Time: _____ Departure Time: _____

Full Time Care: _____

Part Time Care: _____; Monday Tuesday Wednesday Thursday Friday

Will your child be on the breakfast list? Yes No

A Parent Agreement Form, Registration Fee, Health Form, Permission Form and Emergency Medical Form will need to be completed before your child is enrolled at Funshine.

PERMISSION FORM:

My child DOES / DOES NOT have my permission to be photographed for publicity.

Signature: _____ Date: _____

Signature: _____ Date: _____

EMERGENCY MEDICAL FORM

In the event that the parent or guardian cannot be reached, I hereby authorize the director or staff representing Funshine Children’s Center to give consent for any and all necessary emergency medical procedures for _____(my child) while my child is in the care of Funshine Children’s Center.

If my child is injured while at Funshine, first aid procedures will be followed and I will be notified. In case of a life threatening illness or injury, my child will be taken to the St. Vincent’s Hospital. I understand that I will be notified immediately; however in the event that I cannot be reached, the Funshine staff shall act in my behalf, medical costs for injuries to children while at school are normally covered by family health insurance in the same way as costs of injuries sustained elsewhere. Funshine does not provide medical or accident coverage on children, nor does it administer any special plan for purchase by parents.

Child’s Name: _____ Date of Birth: _____
Social Security Number: _____
Drug allergies:(YES) (NO)
Child’s Physician _____ Phone: _____
Address: _____

Medical Insurance Carrier _____
Policy Number _____

Child’s Dentist: _____ Phone: _____
Address: _____

Dental Insurance Carrier _____
Policy Number _____

Emergency Contact Information:
Mother/ Guardian: _____(c) Father/Guardian: _____(c)
_____ (w) _____ (w)
_____ (h) _____ (h)

Emergency contact if neither parent/guardian can be reached:
Name and Relationship to child _____ Phone: _____

Parent/ Guardian Signature _____ Date _____
Parent/ Guardian Signature _____ Date _____

State of Indiana County of _____
Notary Public SS: _____

Before me a notary public for said county and state, personally appeared _____
who after being duly sworn by me upon his/her oath, acknowledged the foregoing
statements as true on this ____ day of _____ 20 ____.

Notary signature _____
Printed Name _____
My commission expires _____ County of residence _____

FUNSHINE CHILDREN'S CENTER
OVER-THE-COUNTER DRUG MEDICATION FORM

All medications, medical products, cough drops, physician's sample medications and skin care products given or used at a care center, must include the exact name of the medication, dosage to be given, time to be given and reason for use. If used for a fever, the degree of temperature must be stated. A physician's order is valid for one year.

Funshine recommends all children have a prescription for a fever reducer in case of emergencies.

_____ (child) may have _____ (exact dosage and name of medication) for the following reason: _____.

Physicians Signature: _____ Date: _____

_____ (child) may have _____ (exact dosage and name of medication) for the following reason: _____.

Physicians Signature: _____ Date: _____

Parent/ Guardian may attach any prescription(s) from child's physician in order to substitute for the form above. Please attach prescription(s) below:

