

Bethlehem Lutheran Child Care Summer 2019 Contract Agreement Form

Medical Release

I authorize Bethlehem Lutheran Child Care to seek emergency medical treatment for my child. I give my permission to the emergency physician to secure proper emergency treatment, to order injections, anesthesia, or other emergency treatment when the situation makes it necessary and my spouse, the child's guardian, the person listed as the emergency contact or I cannot be reached. *(It is understood that a conscientious effort will be made to reach parents, guardians or the emergency contact person before action is taken.)*

Furthermore, I understand that emergency treatment will be sought in the case of a life threatening emergency and the 911 emergency systems will be activated immediately. I agree to accept all expenses accrued as a result.

Field Trips

This summer, the center will provide opportunities for the children who are independently toilet trained and in the four-year old preschool group and up to participate in field trips. Children not receiving permission to participate in field trips will be required to find alternative forms of childcare as staff will not be available to care for children under these circumstances. By signing this document, you are giving permission for your child to participate in all center sponsored field trips and you are indicating that you are aware of and agree with this policy.

Sunscreen, Insect Repellant, Anti-Itch Cream, First Aid Cream

Children enrolled in Bethlehem Lutheran Childcare spend time outdoors. As a result, they are exposed to sunshine and mosquitoes, and may receive bug bites, scrapes or cuts as a result of play. In an attempt to keep your child safe and comfortable, Bethlehem Lutheran Child Care staff will apply sunscreen and insect repellant when necessary. If children are bothered by mosquito bites or receive scrapes or cuts, childcare teachers will follow appropriate first aid procedures and may apply anti-itch cream or first aid cream.

Financial

I agree to abide by the payment requirements established by Bethlehem Lutheran Child Care. In return for this promise of continual fulfillment of my financial responsibilities, Bethlehem Lutheran Child Care agrees to provide care for my child/ren that meets the standards and guidelines as set forth via state and synodical regulations and the center handbook. All set fees will be in effect until I sign a new agreement. All activity, registration, tuition and hot lunch fees will be paid in advance, unless other arrangements are agreed upon in writing. I understand that care may not be provided without this advanced payment. I understand that a registration fee is required at the time of registration. I am aware that a \$5.00 late fee will be charged to my account if tuition is not paid within five days of the due date. I understand that a \$10.00 late fee will be charged to my account if my child/ren's monthly schedule is not turned in by the due date. In addition, I understand that there may not be room for my child on any given day due to the fact that my schedule was not turned in on time. I accept that a \$1.00 per minute early/late fee will be charged if my child arrives before the center opens at 6:00 a.m. or is picked up after the center closes at 6:00 p.m. I am aware that a NSF fee will be assessed to my account for any checks returned due to non-sufficient funds. I understand that there is no automatic reduction of fees when my child/ren is on vacation, absent due to illness, or gone from the center, unless the time off has been indicated on my child/ren's monthly schedule or a schedule change form has been filled out and turned in before the billing has been done for the particular time requested.

In addition, I have read and I understand all other policies and procedures that pertain to Bethlehem Lutheran Childcare as mentioned in the center handbook, and I hereby agree to adhere to all of them.

Child's Name: _____ DOB: _____

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Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent / Guardian Signature: _____ Date: _____

Notes / Comments: _____

