

ADMISSION AGREEMENT

Dana K's Daycare

Rosena Ranch

*4037 Button Bush Ct, San Bernardino, CA 92407
(626) 833 6414*

*Hours: Monday - Friday
6:00 am - 6:00 pm*

<i>Child's Name:</i>	<i>DOB:</i>
<i>Child's Name:</i>	<i>DOB:</i>
<i>Child's Name:</i>	<i>DOB:</i>

<i>Effective as of:</i>

<i>Parent's/Guardian's Name(s):</i>	
<i>Full Address:</i>	<i>Zip:</i>
<i>State:</i>	

<i>Phone Numbers: Work:()</i> <i>Home:()</i> <i>Cell:()</i> <i>Name:</i>
<i>Phone Numbers: Work:()</i> <i>Home:()</i> <i>Cell:()</i> <i>Name:</i>
<i>Email Address's:</i>
<i>Person Responsible for Payment:</i>

I, _____ understand that my child(ren) are contracted, per this agreement, to be in care for the following days and time.

Days:	(M)	(T)	(W)	(TH)	(F)
(circle	yes /	yes /	yes /	yes /	yes /
one)	no	no	no	no	no

Hours					
:	/	/	/	/	/
AM/ PM					

I understand that any change to this schedule will be accepted only with a signed, new Admission Agreement and written advanced notice to the provider listed above. The fees set fourth here will be in affect until a new agreement or a termination of contract form has been signed by me.

A weekly rate of \$165 per child for full time care (4 or more days) and \$35 a day for part time (2 days minimum, not to exceed 8 hours a day) will be paid at the end of each week or the last day of the week that the child(ren) will be attending. 1 week vacation will be allowed without pay , all other days missed parent will still be charged for contracted days. I understand that care will not be provided the following week until full payment is received. Fees can be made in the form of money order, cash or check unless a pattern of returned checks develops. Automatic payment can be set up through pay pal at www.danakdaycare.com

My child will be in care ONLY during the contracted days above. Any changes in this schedule will require the

providers approval.

I agree to pay the amount of \$_____ per week.

Initial_____.

There is a returned check fee of \$15.00. There will be a cash or money order ONLY policy in effect after 2 returned checks. After 5 days of non-payment, the child(ren) will not be admitted back into child care.

***There will be a discount given to the oldest child when a family has a second younger child under my full time care.

LATE FEES

I understand that some days traffic or circumstances beyond your control can play a role in your ability to arrive at your scheduled pick up time and I am prepared to work with you when these situations arise. However, I will assess late picks up fees if late arrivals become habitual. You are considered late for pick up after 6:00 pm. The fee for late pick up will be \$10.00 every 30 minutes. I require a phone call or text to let me know of your situation. These fees are due at the time of pick up.

SICK AND VACATION POLICY

Should your child(ren) be sick with diarrhea, vomiting, high fever above 101 or have lice, have pink eye or have difficulty swallowing they are NOT to be brought to my home in order to prevent it from spreading to the other

children present. Your child will need to be picked up immediately should I notice any of the previous symptoms listed. It is your responsibility to notify me if any infections or viruses your child(ren) might have. Should you require me to administer any medications I will need written permission from your pediatrician with instructions that include the correct dosage for your child(ren). I will also make the parent/guardian aware of any illness that your child has been exposed to inside the child care. If your child does fall ill you are required to make payment per your contracted days.

In addition to federal holidays (paid) (Excluding Columbus Day), child care will not be provided on the following days.

Day before and after (unpaid) Thanksgiving- Christmas Eve (unpaid)- Week between Christmas (unpaid) Christmas and New Years day(paid).

Should I, the provider decide to take a vacation on days when child care would normally resume, you will be given a 30 day written notice.

1 week vacation will be given to each family without pay to me, but all other days missed the parent will still be charged for contracted days.

Initial_____.

TERMINATION CONDITIONS

The first 2 weeks of a child’s enrollment is a trial period. The purpose of a trial period is to allow both myself, the provider and you the parent/guardian to evaluate the child care arrangements to determine whether it is acceptable. Children benefit most when child care and home have similar philosophy of teaching and discipline. In addition to the trial period, should a time arise when either I, Dana Fillhart or you the parent/guardian feel that the child is not benefiting from the program or must move on for other reason, either party may request withdrawal without prejudice with a two week written notice.

I, the provider can terminate the contract at any time without notice should any of the cited conditions below occur:

- Child exhibits destructive, uncontrollable, or violent behavior
- Unexplained absences without payment
- Delinquent child care fees (5 days)
- Parent/Guardian exhibits threatening or abusive behavior to the other children or myself as the provider

AUTHORIZED PICK UP

Name:	Relationship:
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Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Is there any person(s) who is NOT allowed to pick up the child(ren)? If yes please list below:	
Name:	Relationship:
Name:	Relationship:

WHAT IS EXPECTED FROM YOU THE PARENT/ GUARDIAN

Each child(ren) should come to child care ready for the day (dressed) infants are an exception.

The parent/guardian will need to sign the log in book every morning at drop off and in the evening at pick up. (Initials as well as time dropped off and picked up.)

Please let me know if your child(ren) already had breakfast/lunch that morning/afternoon when dropping off and how their night/morning was. This will give me an idea on how their day will go while with me.

SUPPLIES

The parents/guardians must provide the following items:

- Diapers
- Wipes
- Special diet food (including baby food)
- Extra set of clothes and socks (including underwear for potty trained age)
- Bottle(s)
- Formula
- Special blanket/stuffed animal
- Pacifier (if needed)

MEALS

These meals will be provided:

- Breakfast (I will start serving between 7:00- 8:00 am)
- Mid Morning snack
- Lunch (I will start serving at 11:30 am)
- Afternoon snack
- Dinner (I will start serving between 4:30 - 5:00 pm)

POLICY REVISIONS

Should I, the provider feel it necessary to increase current rates or make other policy changes, you will be provided a 30 day advanced notice in writing.

By signing below, both parties understand and agree to the terms listed above.

Parent/Guardian Signature:	Date:
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Parent/Guardian Signature:	Date:
Provider Signature:	Date: