

Day Care Agreement

Child's Name: \_\_\_\_\_

*Please do not write in fees.*

**SUMMER SCHEDULE:**

Times child will attend:  Monday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  Not applicable  
 Tuesday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Wednesday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Thursday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Friday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Tuition Fee \$ \_\_\_\_\_  
**Due Weekly, Monday  
for the current week.**  
 Family Discount

**SCHOOL YEAR SCHEDULE:**

Times child will attend:  Monday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  Not applicable  
 Tuesday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Wednesday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Thursday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_  
 Friday Arrival Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Tuition Fee \$ \_\_\_\_\_  
**Due Weekly, Monday  
for the current week.**  
 Family Discount

**PRESCHOOL ONLY:**

Monday Arrival Time: 9:00 am Pick Up Time: 11:30 am  Not applicable  
 Tuesday Arrival Time: 9:00 am Pick Up Time: 11:30 am  
 Wednesday Arrival Time: 9:00 am Pick Up Time: 11:30 am  
 Thursday Arrival Time: 9:00 am Pick Up Time: 11:30 am  
 Friday Arrival Time: 9:00 am Pick Up Time: 11:30 am

Tuition Fee \$ \_\_\_\_\_  
**Due Monthly, the  
first week of each  
month for the current  
month.**

**ADDITIONAL FEES:** \$10.00 late fee for every 10 minutes of care after 6:00 pm.

**School District/Elementary School Your Child will attend:** \_\_\_\_\_

Summary of Services to be provided by St. Joseph's (Hill) Lutheran Church Day Care Center: academic program appropriate for the age and developmental level of your child that includes; social, emotional, spiritual, cognitive and physical development / classroom materials / morning and afternoon snack / milk / and assistance in toilet training.

We acknowledge receipt of the Parent Handbook and agree to abide by the policies stated in the handbook.

Signature/Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Director Signature/Date: \_\_\_\_\_

*Please complete back of form*

_____	Original date of Admission _____
Parent <b>6 month review</b> Signature/Date	Withdrawal date _____

# EMERGENCY CONTACT / PARENTAL CONSENT FORM 55 PA Code Chapters

55 PA Code Chapters 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>	<b>Birthdate</b>
<b>Address</b>	
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>	<b>Home/Cell Phone Number</b>
<b>Address</b> <input type="checkbox"/> Same as above	<b>Email Address</b>
<b>Mother's Business Name</b>	<b>Business Phone Number</b>
<b>Business Address</b>	
<b>FATHER'S NAME/LEGAL GUARDIAN</b>	<b>Home/Cell Phone Number</b>
<b>Address</b> <input type="checkbox"/> Same as above	<b>Email Address</b>
<b>Father's Business Name</b>	<b>Business Phone Number</b>
<b>Business Address</b>	
<b>EMERGENCY CONTACTS/PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENTS</b>	
1. Name, Address, and Phone no. when child is in care _____ _____	
2. Name, Address, and Phone no. when child is in care _____ _____	
3. Name, Address, and Phone no. when child is in care _____ _____	
<b>Physician's Name</b>	<b>Telephone #</b>
<b>Address</b> _____	
<b>Special Disabilities:</b> <input type="checkbox"/> None Known	<b>Allergies (Including Medication Reactions):</b> <input type="checkbox"/> None Known
<b>Medical or Dietary Information Necessary in an Emergency Situation:</b> <input type="checkbox"/> None	
<b>Medication/Special Conditions</b> <input type="checkbox"/> None	<b>Additional Information on Special Needs of Child:</b> <input type="checkbox"/> None
<b>Health Insurance Coverage for Child or Medical Assistance Benefits</b>	
<b>Company:</b> _____ <b>Policy Number</b> _____	
<b>PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>	
1. Obtaining Emergency Medical Care _____	
2. Walks and Trips _____	
3. Transportation By The Facility _____	
4. Administration of Minor First Aid Procedures _____	
<b>SIGNATURE OF PERSON COMPLETING THIS FORM</b>	<b>DATE</b>