



Child Care Agreement

Child's Name _____ Sex ___ Birthdate _____
Family Name/Nickname _____ Home Phone _____
Address _____
City _____ State ___ Zip _____
School/Grade _____
Before/After School Transportation Needed? Yes No

Child's Name _____ Sex ___ Birthdate _____
Family Name/Nickname _____ Home Phone _____
Address _____
City _____ State ___ Zip _____
School/Grade _____
Before/After School Transportation Needed? Yes No

Child's Name _____ Sex ___ Birthdate _____
Family Name/Nickname _____ Home Phone _____
Address _____
City _____ State ___ Zip _____
School/Grade _____
Before/After School Transportation Needed? Yes No

How did you hear about us? _____

Family Information

Parent/Guardian Name _____ Birthdate _____
Address _____ E: Mail _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Soc. Sec. # _____ - _____ - _____
 Copy of Driver's License/ID card

Parent/Guardian Name _____ Birthdate _____
Address _____ E: Mail _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Soc. Sec. # _____ - _____ - _____
 Copy of Driver's License/ID card

Local Emergency Contact _____ Initial for Pick up _____ Ph. _____
Address _____
City _____ State _____ Zip _____
Relationship to child(ren) _____

Other adult family members: Initial to authorize adult to pick up children (we do not release children to minors)

Name _____ Relation _____ Initial for Pick Up _____
Name _____ Relation _____ Initial for Pick Up _____
Name _____ Relation _____ Initial for Pick Up _____

Other children in household (exclude children listed above), Please list in order of birth

Name _____ Relation _____ Sex _____ Birthdate _____
Name _____ Relation _____ Sex _____ Birthdate _____
Name _____ Relation _____ Sex _____ Birthdate _____

Has either parent been Divorced _____ Separated _____ Previously Married _____?

Custody Arrangements _____

People restricted from child (must be documented) _____

Primary Language used in the home _____ Other languages used _____

Most recent daycare/sitter _____ Phone _____
Reason for Leaving: _____

What type of activities does your child enjoy sharing with other family members?

Favorite toys and activities:
Indoor: _____
Outdoor: _____

List your child's favorite companions (real or imaginary):

Any other interests, concerns, and/or fears that your child has:

What is your primary form discipline?

Other helpful information:

Health Information:

Has your child had any serious illness, operations, or accidents? ___
If yes, please describe _____

Are your child's immunizations current? ___ If no please complete an Immunization Exemption form with explanation.

Special considerations due to general physical condition:

Allergies, food or otherwise Yes No _____

Asthma Yes No

Treatment for us to use _____

Chicken Pox Yes No

Diabetes Yes No

Treatment for us to use _____

Ear Infections Yes No Chronic Ear Infections Yes No

Comments _____ Epilepsy/Seizures Yes No

Treatment for us to use _____

Comments _____ Emotional Issues/Behaviors Yes No

Best Methods for us to use _____ Situation of Cause

Measles Yes No Mumps Yes No

Urinary Problems Yes No

Comments _____

Whooping Cough Yes No

Treatment for us to use _____

Any Communicable Diseases (genital herpes, & etc.?) Yes No If "Yes," Please List

Date of last Physical Exam _____ Doctor _____ Phone _____

Is child currently taking medication? ___

Please list _____

STATEMENT OF RESPONSIBILITY:

A Child's Heart Learning Center & Nursery will be responsible for acting in a responsible manner and in compliance with the legal requirements of the state of Idaho "Standard of Care". I understand that A Child's Heart Learning Center & Nursery will make my child's safety a priority and I understand that risk of accident or injury of my child cannot be completely eliminated, even when A Child's Heart Learning Center & Nursery has satisfied the "Standard of Care". I accept this risk and agree that A Child's Heart Learning Center & Nursery will care for my child. I will not sue A Child's Heart Learning Center & Nursery in the event of an accident or injury to my child, while they meet the "Standard of Care".

AUTHORIZATION FOR MEDICATION:

I, _____, hereby grant permission for A Child's Heart Learning Center & Nursery to give medication as authorized to my child, _____, while in their care.

Parent/Guardian Signature _____ Date ____/____/____

I, _____, authorize A Child's Heart Learning Center & Nursery to administer Acetaminophen or Ibuprofen, to my child, _____, if his/her temperature exceeds 100 degrees while in their care.

Parent/Guardian Signature _____ Date ____/____/____

AUTHORIZATION FOR MEDICAL EMERGENCIES:

I, _____, authorize A Child's Heart Learning Center & Nursery to secure emergency medical and/or surgical treatment from a licensed physician and/or hospital for my child, _____. Should such treatment be necessary, I understand that all responsible effort will be made to notify me before action is taken, and I also agree that the expense of such emergency care will be accepted by me. I also certify that my child has Medical Insurance.

Parent/Guardian Signature _____ Date ____/____/____

AUTHORIZATION FOR TRANSPORTATION:

I, _____, authorize A Child's Heart Learning Center & Nursery to provide transportation in a private or public vehicle for my child, _____, for the purpose of transportation to and from school, field trips, or emergencies.

Parent/Guardian _____ Date ____/____/____

AGREEMENT FOR PAYMENT AND HOURS OF CARE:

I agree to pay \$____per week OR \$____per month, **in advance** prior to the week my child needs care. I also understand that I must have a working e-mail to receive Invoices.

____ Initials

Please give us an idea of when you think your child(ren) will be here:

	Monday	Tuesday	Wednesday	Thursday	Friday		Wkly total
Arrival							
Dept.							

Arrival							
Dept.							
Daily Total							

Schedule Notes:

Your Child’s Schedule

___ *Initials*

When you enroll with A Child’s Heart Learning Center & Nursery, you have a choice of full-time or part-time. If you need part time you may select the days of care you need during the week. **You will be responsible for the cost of these days, even if your child is sick or they do not come for a day.** The days during the week may not change or fluctuate week to week, unless you make arrangements with Director. If you need a full-time schedule you will be responsible for the full weeks cost even if your child does not come or may be sick. See “Vacation” allowance in Parent Handbook & Policies. We do not charge for days we are closed.

Acknowledgement of Biblical Curriculum/Teaching:

___ *Initials*

I understand that A Child’s Heart Learning Center is a Christian-based Facility. With agreement and signature of this contract I acknowledge their teaching according to their Christian Faith and I understand that A Childs’ Heart Staff will be reading Bible stories, singing praise songs, making faith-based crafts, praying with children, and talking about Jesus.

ICCP- Idaho Child Care Program

___ *Initials*

I am enrolled/ have applied for ICCP. Until approval from ICCP is received in writing, I am responsible to pay in full, for Childcare services on a weekly basis. Once written approval is received, a credit will be applied towards parent co-pay or refunded if warranted. I also understand that if I do not pay my full co-payment by the 10th of the month I will be charged the applicable late fee. If the co-payment is still not received by the

20th of the month (including late fees) your child may not return the following month until your account is brought current.

If ICCP fails to pay, regardless of the reason, I understand that I am responsible for the entire amount.

Social Media/Public Photos

___Initials

Is it okay for the Director or Staff Members of A Child’s Heart Learning Center & Nursery to take photos of your child for identification purposes, craft projects, activities done as a group, or photo posts to www.AChildsHeart.Center website and Facebook page?

ADDITIONAL CHARGES:

- Payments are due the Friday before the week of care. If payment is not received by the previous Friday, there will be a \$3, late fee assessed to your account each day following the Friday due date.
- Payment Arrangements Fee \$30.00
- Enrollment-hold Deposit \$50.00
- All Day Rate covers up to 10 hours of care. Overtime Rate is pro-rated \$10 per hour.
- Closing time is no later than 6:00pm. \$5 Late Fee assessed for first 5 minutes and \$1 for every additional minute.
- Returned Check or ACH Fee \$30

I agree to the above terms and conditions and scheduled hours. I have received and read a copy of *A Child’s Heart Learning Center & Nursery Parent Handbook* and agree to all the stated policies.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

