



Parent Contract

It is mutually agreed and understood that the following Child/ren

Will be accepted at _____ on the Following
Days: Monday Tuesday Wednesday Thursday Friday

The start date will be _____ at a rate of \$ _____
Fees include sick days, absent days, vacation days, Statutory Holidays,
and your Care Provider will let you know when fees are due.

Registration forms and Parent Contracts must be completed upon
enrollment, Two week written notice is required to withdraw your
Child/ren

Parent/Guardians will keep Care Provider informed of any changes in
contact information

*** Please Note *** Care Providers will need immunizations when
Child/ren are enrolled in Family Home Child Care

Permission Slips

I hereby grant permission for my Child/ren to use play equipment and participate in activities

I hereby grant permission for my Child/ren to participate in field trips, walks, and outings

I hereby grant permission for my Child/ren to be included in pictures taken in the Day Home

I hereby grant permission for my Child/ren to be given Medication, in the understanding that I signed a Medication authorization form

I hereby grant permission for my Child/ren to be transported (By Ambulance) to the Hospital for treatment if necessary

In case of accident/injury, I hereby grant permission for the Care Provider to administer First Aid to my Child/ren

I hereby grant permission for my Child/ren to be Transported by Vehicle to Playgroups, field trips with the understanding that the Care Provider has proper Insurance coverage

*** Please Note *** Family Home Child Care Agency, or Care Provider will not be liable if by chance an accident may occur while transporting my Child/ren

I have read and understood the Behaviour Guidance Policy that was given to me upon enrollment of my Child/ren

I have read and understood the Parent Handbook that was given to me upon enrollment of my Child/ren

It is understood that by signing this form, I agree that I have read and understood all of the above. If I have any questions or concerns, I can contact my Care Provider or the Agency Consultant

Parent/Guardian Signature

Date