Welcome

To the

½ Day Preschool

Program

(Ages 3-5)

FAITH DAYCARE AND LEARNING CENTER

PARENT- CENTER AGREEMENT

Preschool

This agreement made this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_. 20\_\_\_, between Faith Daycare and Learning Center, 4240 Wisconsin Anchorage, Alaska hereinafter referred to as the “Center,” and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereinafter referred to as “parent(s).” (parent name) (parent name)

In consideration of the mutual agreement contained herein, the parties agree as follows:

1. Hours and Daily Program Schedule – In consideration of payment by parents of the rate as listed on the current rate sheet, the Center agrees to furnish daycare service to the child or children. It is understood that the daily preschool program schedule is subject to change without notice. Enrollment is considered as daily attendance of three days per week. September 5, 2017- May 10, 2018. For each child enrolled the center will furnish preschool services up to 3(3 hour) per day, three days a week (Tuesday-Thursday), between the hours of 9am-12:30pm,
2. Preschool Closures:

The Preschool Program runs concurrent with the ASD calendar, any school district emergency closures preschool classes will be canceled along with the following pre-calendared days. (see attached calendar)

1. Rates- All Payments for full-time child care will be made regardless of whether children are present or absent. (see attached Rate Sheet)
2. Registration fee is due at time of enrollment. Upon payment of the nonrefundable registration fee, a place will be held for the child up to two weeks at which time the first month’s fee must be paid or the place relinquished.
3. Fees are due in advance before the 5th of the month. Fees paid after the 5th are considered late and a $50.00 late fee will be added. Any special arrangements for payment must be made in writing with the director.

For parents eligible for Daycare Assistance, the Center will bill Daycare Assistance monthly and the parent is responsible for any portion of the fee not paid by Daycare assistance.

1. Termination- Either party hereto may terminate this agreement upon giving 14 days advance written notice, in which unused prepaid fees will be refunded in full. Prorated fees will be based on the daily rate. Refunds will not be made due to failure to attend. A child withdrawn without notice or with any portion of fees unpaid will not be eligible of readmission.

Normal hours of attendance will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Current fee will be \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Director’s Signature

**FAITH DAYCARE AND LEARNING CENTER**

**4240 Wisconsin**

**Anchorage, Alaska 99517**

**REGISTRATION**

Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with: Mother: \_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are Parents: Married \_\_\_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_\_ Separated \_\_\_\_\_\_\_\_ Widowed \_\_\_\_\_\_\_

Child’s Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to take your child to the hospital in the case of illness or accident?

Yes\_\_\_\_\_ No\_\_\_\_\_

I give my permission for you to call another doctor in case of an emergency, if family doctor

cannot be reached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian

In case of an emergency notify: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Half Day Preschool**

**Things you will need to know about my new school!**

1. **Sippy Cups.**

Please bring a labeled sippy cup so that I can drink water freely throughout my day.

1. **Potty Training**

I am now fully potty-trained! I will be given the opportunity to use the bathroom as a group or as I need. The bathroom is located down the hallway from my class.

1. **Outside Time**
2. Preschoolers will occasionally play outside the fenced playground. During the winter I get to go sledding on the big hill and I get to climb on the snow hills at the end of the parking lot.
3. I will always go outside every day unless it is below 10 degrees or due to another weather or safety issue. Please bring hats, gloves, snow pants, boots, and winter coats in the winter and a jacket in the fall/spring. I need you to label my gear because other kids may have similar gear.
4. **Lunch Time 11:30-12:00**

We will have lunch provided by the center. If I have any food allergies I will need allergy paperwork filled out (found at the main office).

1. **Extra clothes**

Please always have an extra set of clothes and shoes for me in case I have an accident or in case I get wet or dirty from playing in the snow, rain, or dirt.

1. **Field Trips**

We will be attempting field trips throughout the year. Parents are welcome to attend, the cost of the field trip will be extra on top of the monthly enrollment fee. We will inform you as soon as we know when and where we are going. If you know of any great place to take a field trip please let us know.

1. **Bringing home items.**

Because my room is used by another class later in the day all my belongings need to go home every day.

**Another School year is here again and we will be playing outside, unless the weather does not permit us to. Along with playing in the fenced playground we like to take walks around the parking lot and play in the back field and sandpit. In order for your child to play outside of the fenced playground we need your permission. Please sign below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**We need your permission to administer the following topical products. If you bring in your own topical ointments, it must be labeled with your child’s name and also signed in at the office for our records. Thank you for helping us in staying compliant with the licensing code. Please initial the approved ointments, and sign at the bottom.**

Vaseline \_\_\_\_\_\_\_\_

Neosporin \_\_\_\_\_\_\_\_

**LOTION:**

Aveeno \_\_\_\_\_\_\_\_

Eucerin \_\_\_\_\_\_\_\_

**Summer/Spring Topical Ointment**

**Itchy Bug Bites**

Band-Aid Anti-itch gel \_\_\_\_\_\_\_\_

“Benadryl Itch Spray” \_\_\_\_\_\_\_\_

**Sunscreen SPF 50**

Up & up/ Coppertone “Water Babies” Pure & Simple \_\_\_\_\_\_\_\_

**Repellents**

Off Family Care or Cutter All Family \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature