

* Center staff will release your child only to you or to those persons you have listed above. **For the safety of your child, we will request all authorized Release Persons with whom staff are not familiar to provide Government issued photo ID at time of pick up.** If you want a person who is not identified above to pick up your child, you must notify center management in advance. **Your child will not be released without prior authorization.** In the event you call a pick up authorization into the center the Parent/ Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

Child's Name

Child's Care Needs

Height	Weight	Hair Color	Eye Color	Distinguishing Marks
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Is there anything we should know about your child's care needs to ensure that we provide the best quality education and care for your child?

Allergies *Please list*

- Medications _____ Reaction _____
- Food _____ Reaction _____
- _____ Reaction _____
- _____ Reaction _____
- _____ Reaction _____
- Respiratory _____ Reaction _____
- Bee Sting _____ Reaction _____
- Other _____ Reaction _____

Are any of the allergies severe or life-threatening? Yes No

If yes, please provide special instructions:

Child's Medical Care Provider/ Facility

Primary Care Physician ("PCP") Name		Practice/ Clinic Name	
PCP address		Phone	
Preferred hospital/clinic for acute care and emergency care			
Dentist Name		Practice/ Clinic Name	
Address		Phone	
Health Insurance Provider and policy number		Secondary Health Insurance Provider and policy number	

Medication

I will provide written authorization for L.E.A.P. Childcare staff to administer medication in accordance with written instructions from the child's health care professional or me, as permitted by state licensing regulations.

I will complete and sign authorized forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions). Medications will not be provided by the center.

Parent/ Guardian Signature

Date

Child's Name

Medical Policies

1. I understand that I will be asked to provide the center with updated immunization information for my child. If I wish to request a religious or medical exemption to L.E.A.P. Childcare Center's practice of securing immunization information, I understand my request must meet state childcare licensing regulations.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. I agree to promptly provide additional medical information as required by state childcare licensing regulations. I understand that my failure to provide this information may result in a suspension of services.
4. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
5. If my child contracts a reportable contagious disease, my child may only return with a physician/health care professional's note indicating that my child is no longer contagious.
6. In case of a medical or other emergency while my child is under the center's supervision, I understand that center staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay may further jeopardize my child's health, I hereby authorize center staff to act on my behalf and to take the emergency measures including those listed below if deemed necessary by center staff or by medical authorities for the care and protection of my child. I authorize L.E.A.P. Childcare to:
 - Consult the physician or dentist named on the previous page if I cannot be reached.
 - Administer first aid and/or cardiopulmonary resuscitation.
 - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
 - Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
 - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.
7. If I wish to request a religious or personal exemption to L.E.A.P. Childcare's practice of securing necessary emergency medical treatment, I understand state child care licensing authorities must be consulted to determine if such an exemption may be granted.

Parent/ Guardian Signature

Date

Child's Name

Center Hours of Operation

L.E.A.P. Childcare Center is open from 6:00 a.m. to 6:00 p.m., Monday through Friday. The center will be closed on the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day. The center's hours and holiday schedule may vary and may be changed at any time. Tuition is not reduced as a result of center closures.

If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached, center staff, within thirty minutes after closing time, may release children to the custody of child protective services or other local authorities.

L.E.A.P. Childcare Center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up.

I agree to notify the center staff by 9:00 a.m. when my child is absent. I must notify the center staff if my school-age child will not arrive by scheduled school bus on a particular day.

Tuition

I understand that my Weekly
weekly/monthly tuition
fees are as follows: Monthly

Tuition	Discount Type	Discount	Total Tuition
\$		\$	\$

Fee Schedule and Financial Terms

1. A late pick-up fee of \$1.00 per minute per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service.
2. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
3. I agree to pay the full tuition fee even if my child is absent for one or more days; however, for each full calendar week my child is absent, the tuition fee will be discounted 50% as a reservation fee. The center requests a two-week notice of an intended vacation.
4. All tuition is due in advance of services rendered. In-center tuition payments received after the close of business the Friday prior to service shall be assessed a late fee of \$25.00.
5. A nonrefundable annual registration fee of \$25 (single child) \$40 (family) is due at the time of enrollment and payable each year on or before September 1. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
6. Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
7. My child may have the opportunity to participate in special programs or field trips. Field trips may result in an additional field trip fee and may require completion of a specific permission slip.
8. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fines or full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$25 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.

9. I authorize L.E.A.P. Childcare Center to initiate electronic debits to my checking account for each check presented by me to L.E.A.P. Childcare for payment. If any check or electronic payment is returned unpaid, I acknowledge that L.E.A.P. Childcare will attempt to collect on the returned check electronically up to two additional times. I authorize L.E.A.P. Childcare Center to electronically debit my account for the amount of any returned item and a returned item fee of \$25.
10. Payments from families with prior unpaid returned checks must be in the form of cash, a money order or cashiers check. Families with returned check activity may be subject to immediate termination of services.

Scheduled Attendance and Meals

Tuition fees are based on the following scheduled attendance. I understand I will be charged additional tuition if my child's attendance increases beyond their regularly scheduled attendance.

FOR OFFICE USE ONLY	DAY	HOURS OF CARE (i.e., 8 a.m. – 5 p.m.)	MEALS (please circle)	Meal Definition
	Monday		B A L P	B= Breakfast A= AM Snack L= Lunch P= PM Snack
	Tuesday		B A L P	
	Wednesday		B A L P	
	Thursday		B A L P	
	Friday		B A L P	
Parent/ Guardian Signature _____ Date _____ _____				
Center Director Signature _____				
				Child's Name

Other Terms

1. I will promptly update any information provided for in this Agreement if such information changes.
2. I consent to L.E.A.P. Childcare communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
3. I understand that in an effort to maintain the professional status of center staff and prevent any political conflict of interest, babysitting by center staff members is discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between me and the center staff member. L.E.A.P. Childcare does not sanction the arrangements, and I agree to hold L.E.A.P. Childcare harmless from any such arrangement.
4. State child care licensing regulations are on file at the center and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
5. A child may be disenrolled by L.E.A.P. Childcare Center without prior notice if, in the sole opinion of L.E.A.P. Childcare Center, it is in the best interest of the child or L.E.A.P. Childcare Center.
6. L.E.A.P. Childcare Center reserves the right to alter its policies and program at any time. Center management does not have the authority to alter or modify the terms of this Agreement (other than inserting information where required) either verbally or in writing.
7. L.E.A.P. Childcare Center will provide you with a Family Handbook, which is incorporated with this Agreement. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center within 30 days notice. This Agreement may be terminated by the center at any time.
8. Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

Certifications

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times.

Parent Guardian Signature: _____ Date: _____

Transportation

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off-site field trip. Off-site field trips and all transportation of children will meet state child care licensing regulations and center policies including minimum-age requirements.

Parent Guardian Signature: _____ Date: _____

Water Activities

I give permission for L.E.A.P. Childcare to include my child in supervised water activities, including water activities at the center. I will be given a specific permission slip for all off-site water activities. Water activities will meet state child care licensing regulations.

Parent Guardian Signature: _____ Date: _____

Photographs/ Videotape

I give permission for my child to be photographed and videoed in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/ guardians and consent the use of these photographs/videos for communication purposes, such as communication with families and business communications including, but not limited to L.E.A.P. Childcare's Official website and other advertisement materials.

Parent Guardian Signature: _____ Date: _____

I certify that I have read, understand, and accept all of the terms and conditions described in this Agreement. This Agreement will be effective on _____.

Primary Parent/ Guardian Signature

Date

Center Director Signature

Date