



Date: \_\_\_\_\_ Entrance Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Father's Home Address (if different from child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Mother's Home Address (if different from child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Child's Living Arrangements: (circle one) Both Parents Mother Father Other

Child's Legal Guardian: (circle one) Both Parents Mother Father Other

Child may be released to the person(s) signing this agreement or to the following:

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

Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Relationship to Parent(s) or Guardian: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Relationship to Parent(s) or Guardian: \_\_\_\_\_

Person (s) to contact in the case of an emergency when parent or guardian cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (c) (h)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (c) (h)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (c) (h)

Name of Public or Private school child attends, if any: \_\_\_\_\_

Child's doctor or clinic name: \_\_\_\_\_

Doctor/clinic address: \_\_\_\_\_

Doctor/clinic phone: \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following special accommodations may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child is currently on medication (s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMERGENCY MEDICAL AUTORIZATION

Should my child, \_\_\_\_\_, \_\_\_\_\_ suffer an injury or  
*(child's name)* *(date of birth)*  
illness while in the care of Small Wonders Playcare, Inc., and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_  
*(Signature)*

Date: \_\_\_\_\_

Small Wonders Playcare, Inc. (Director/Assistant Director) \_\_\_\_\_  
*(Signature)*

Date: \_\_\_\_\_

# PARENTAL AGREEMENT WITH SMALL WONDERS PLAYCARE, INC.

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number (if any), dosages, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent (s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Small Wonders agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in weather that is more than two (2) feet deep.

I authorize the child care facility to abide by the policies and procedures for Small Wonders Playcare, Inc.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged with facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Director/Assistant Director)

# PARENTAL CONTRACT FOR DISENROLLMENT & NON ATTENDANCE

\_\_\_\_\_ I am aware that disenrollment must be in writing and presented to the front desk.

\_\_\_\_\_ I agree that I must give a two (2) week notice. Two (2) weeks tuition in lieu of notice will be accepted.

\_\_\_\_\_ I understand that tuition is due even if my child does not attend the facility/and or, only attends a partial week.

\_\_\_\_\_ I understand that a \$20 late fee will be imposed on ANY UNPAID balance as of NOON each Wednesday.

\_\_\_\_\_ I have been informed I will receive one (1) week vacation after one (1) year of continuous enrollment. (max two (2) weeks after two (2) years of continuous enrollment. Pre-K enrollment is excluded.

\_\_\_\_\_ I have been made aware that the center closes at 6:30 p.m. Late fees of \$30 per 15 minutes will be enforced, and is due at time of pick-up in cash.

Date: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_  
\_\_\_\_\_