

## DHR-CDC-739

**This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).**

**Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:**

|                                |                 |                                      |
|--------------------------------|-----------------|--------------------------------------|
| <b>Name of child's doctor:</b> | <b>Address:</b> | <b>Telephone number:</b><br>(      ) |
|--------------------------------|-----------------|--------------------------------------|

**I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)**

Date \_\_\_\_\_

**Page one of two-form not valid without second page**

**Describe any special needs or instructions below:**

|  |
|--|
|  |
|  |
|  |

**Person(s) the child may be released to:**

| Name | Relationship to child | Address | Telephone number |
|------|-----------------------|---------|------------------|
|      |                       |         |                  |
|      |                       |         |                  |
|      |                       |         |                  |
|      |                       |         |                  |
|      |                       |         |                  |

***I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.***

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

**I give permission for my child to participate in:**

**(Circle yes or no and sign each line)**

|                                                      |     |    |                              |      |
|------------------------------------------------------|-----|----|------------------------------|------|
| Activities away from the facility:                   | yes | no | Signature of parent/guardian | Date |
| Transportation provided by the facility:             | yes | no | Signature of parent/guardian | Date |
| Swimming/wading activities provided by the facility: | yes | no | Signature of parent/guardian | Date |

**Form not valid without signature of child's parent/guardian in each space indicated above.**

**This section is to be completed by the facility's staff.**

**Child's first day of attendance:** \_\_\_\_\_ **Child's withdrawal date:** \_\_\_\_\_

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

*Additional information may be attached.*



### Permission to Photograph

I, \_\_\_\_\_, give permission for  
(Parent or Guardian name)

Busy Bee Academy  
(Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

| Type of Use:                                                                    | (Please check one)       |                          |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                 | Grant Permission         | Decline Permission       |
| <b>Still Photographs:</b>                                                       |                          |                          |
| Display in my personal scrapbook                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Give photographs possibly containing your child to current clients              | <input type="checkbox"/> | <input type="checkbox"/> |
| Display in facility's bulletin boards, shown to current and prospective clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Display in facility's bulletin boards, shown to current and prospective clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Post photos in child care yearbook                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Videos:</b>                                                                  |                          |                          |
| Give video to current parents                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Events for Childcare                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other (please list):</b>                                                     |                          |                          |
| Busy Bee Academy Facebook Acct.                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents, co-workers & other friendly sharing on Social media                    | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                 |                          |                          |
|                                                                                 |                          |                          |

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Enrollment Contract

It is our desire to have your child enrolled at Busy Bee Academy. I/We have received a copy of the policies and procedures handbook. I/We have read, understand and agree to abide by the policies contained therein. I/We also understand that my child is being accepted on a two weeks trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the childcare surroundings. Unless otherwise notified, the child(ren) will be accepted and enrolled permanently. I/We further understand that if the policies outlined in this handbook were adhered to, it would be sufficient cause for the removal of the child(ren) from the childcare center program.

Please initial next to each item. We want to be sure you understand and agree to these policies.

- \_\_\_\_\_ I/We understand that a complete and current immunization and medical form must be submitted to the center and ensure that it is updated upon expiration.
- \_\_\_\_\_ I /We understand what the center fees are each week.
- \_\_\_\_\_ I/We understand payments are due each Monday by 10:00 a.m. or a late fee of \$15.00 each day is charged.
- \_\_\_\_\_ I/We have contracted for the hours of 7:00a.m. to 5:00p.m.
- \_\_\_\_\_ I/We understand the late pick-up fee applies at 5:01p.m. \$15.00 and \$1.00 for each minute thereafter.
- \_\_\_\_\_ I/We understand the pick-up policy for persons other than parents.
- \_\_\_\_\_ I/We understand the illness policy.
- \_\_\_\_\_ I/We understand the meal policy.
- \_\_\_\_\_ I/We are contracting for year-round arrangements.
- \_\_\_\_\_ I/We understand the behavior policy and I/We have read and shared the center rules with my/our child(ren).
- \_\_\_\_\_ I/We understand that accepted payment methods are cash, money order & credit card only. Also, when paying by credit card a processing fee of \$3.00 is added to the original fee.
- \_\_\_\_\_ I/We understand that I/We will make arrangements for childcare during scheduled closing for the center.
- \_\_\_\_\_ I/We agree to pay the last two weeks of withdrawal arrangements.

\_\_\_\_\_  
DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE