

E&G CHILD DAYCARE CONTRACT

After reading the daycare policy, please read over this contract. Sign, date and return this copy to the provider. The provider will keep this contract on file and you will receive a copy of this signed contract.

Date of Contract _____ Full Contract Effective Until _____

Child (ren)'s Name _____ Sex _____ Birth Date _____ Age _____

Child's Home Address _____ City _____ State _____ Zip _____

Parent's or Guardian's Names _____ Email: _____

Hours: Your hours contracted for care will be from _____ to _____ on Mondays-Fridays. (Please refer to the policy: "hours" and "late pick up or early drop off")

Need Diaper Change & Potty Training

Other Services: _____

Monthly Service Fee: \$ _____ (Total amount will be due monthly, no later than the 5th of each month, or late fee will be charged according to policy)

EMERGENCY INFORMATION

1st Contact: _____ Relationship to child: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Address: _____

2st Contact: _____ Relationship to child: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Address: _____

3st Contact: _____ Relationship to child: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Address: _____

List Allergies, special medical or dietary needs, or other areas of concern:

I, _____, have read and agreed to the Policy and the above contract of E & G child daycare.

(Parent's Signature)

(Date)

(Daycare Provider Signature)

(Date)

DAYCARE PHOTO RELEASE FORM

I, _____, the parent of _____ at E&G child Daycare, agree to the following:

I understand that my child(ren) whose name(s) are listed above may be photographed at the daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

With my signature below I grant permission for my child(ren) and their work to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____

Date _____

Relationship to Child _____