

# **CHARLIE BROWN PRESCHOOL & CHILD CARE**

## **SIGNATURE/PAYMENT AGREEMENT**

I/We have read all of the information included in this packet. I/We agree to comply with all of this information to the best of our ability.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

We will provide end of the year statements for income tax purposes at no cost to fulltime parents with a zero balance. A fee of \$10.00 will be charged if the account is not at a zero balance. Receipts are available for every payment.

### FORMS NEEDED (Checklist for parents)

\_\_\_\_\_Physical and Immunization Record signed by physician

\_\_\_\_\_Emergency Medical and Dental Consent

\_\_\_\_\_Pick-up Permission and Sex Offender Notice

\_\_\_\_\_Intake Information Sheet

\_\_\_\_\_Photo and Field Trip Permission

\_\_\_\_\_Insurance

\_\_\_\_\_Child Care Food Program Sheet/Enrollment Form

\_\_\_\_\_Infant Formula/Sleeping Position/Temperature Taking

\_\_\_\_\_Signature/Payment Agreement

\_\_\_\_\_Discontinuing Services/Personal Injury Policy Agreement