

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