



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