

WELCOME!

Welcome to Southeast Community College Child Development Center. We look forward to providing care for your child/children.

We would like to extend an open invitation to you to drop in for informal visits. This will give us the opportunity to become acquainted with your entire family and will allow us to provide optimum learning opportunities for your child. Our doors are always open to you.

Informality is the keynote. We offer a relaxed and casual setting geared to the needs and interests of each child and each parent who is part of our Center. We try to take into consideration individual differences and special abilities as well as family cultural patterns.

Thank you for allowing us to join with you in providing the loving and nurturing care of your child/children.

Please read and sign this agreement.

I understand that all fees are based on enrollment and are assessed whether or not my child is here during the time scheduled. I also understand that fees are due in advance and need to be made on a weekly basis. Weekly fees are due on Monday for the upcoming week. Payments will be accepted in advance for as many weeks as desired. If payment is not received in advance, an overdue bill fee of \$20.00 will be added for each week that you are late.

I understand that a security deposit of \$135.00 for the first child and \$75.00 for each additional child will be due at the time of accepting a full or part time slot. This will be credited to my account when two weeks notice is given in writing of termination of child care. The fee will be forfeited if no notice is given or the child does not start. This security deposit includes one FOB, but additional FOBs are available for \$6 per FOB.

I understand that a late fee of \$1.00 per minute will be assessed if I am late in picking up my child after closing or when my child is present after the regular time slot is up. This fee must be paid in cash at the time the child is picked up.

I have completed all forms and have signed the Health Contract.

I hereby agree to comply with the rules and regulations of the Southeast Community College Child Development Center regarding fees, attendance, health, clothing, show and tell, and other items specified in the Parent Handbook issued by the Center.

o I have Social Service Authorization.

(Authorization must be received before childcare begins. Parent is responsible for enrollment fee, late fees, and any tuition not covered by Social Services.)

I have read and understand this statement.

X _____ Date _____
(Signature of the individual who is legally responsible for the care and well being of listed child.)

CHILD'S RECORD FOR CHILD CARE

A current record for each child accepted for care must be kept and should include at least the following items:

Child's Name _____ Birthdate _____

Date Care Begins _____ Date Care Terminated _____

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PARENT OR GUARDIAN'S CONTACT INFORMATION:

Father:

Name: _____

Home Address: _____ City: _____ Phone: _____ Zip: _____

Employer: _____ Address: _____ Phone: _____

Email: _____

Mother:

Name: _____

Home Address: _____ City: _____ Phone: _____ Zip: _____

Employer: _____ Address: _____ Phone: _____

Email: _____

Marital Status:

Married Single Divorced Widowed Separated

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

If answer to above is no, in order to comply with request, please provide a legal document stating custodial arrangements. If no document is given, either parent can pick up at any time.

Brothers:

Sisters:

.....
**PERSON(S) TO WHOM THE CHILD MAY BE RELEASED BY THE CAREGIVER
OR WHO WILL TAKE RESPONSIBILITY FOR THE CHILD IN AN EMERGENCY
WHEN THE PARENT CAN NOT BE REACHED:**

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

CONSENT TO CONTACT PHYSICIAN IN EMERGENCY:

In the event I cannot be reached to make arrangements, I hereby give my consent for SCC Child Development Center Staff to contact Doctor _____

Telephone: _____ Address: _____

City: _____ and if necessary, take my child to the following Doctor(s), clinics, or hospital. _____

Parent's Signature _____



- I am a student at SCC and I will complete a schedule card each quarter.
- I am general public or SCC staff and my child will usually be at the Center between the hours of _____ to _____.
- I understand all fees are charged on enrollment (scheduled times) and are due in advance. An overdue bill fee of \$20.00 per week will be assessed to any account with more than a zero balance each Wednesday at 6:00 p.m.
- I understand that this is an educational facility. Students from a variety of programs use our Center to gain experience in seeing how children develop. My child will participate in supervised student planned activities within the Center or in a college classroom adjacent to the Center for student benefit.

Parent's signature: _____



PARENT PERMISSION SLIP

The Southeast Community College Child Development Center has my permission for _____ to:

- Appear in a television program or in a picture used for education, advertising, or publicity purposes for the Center or Southeast Community College.
- Appear in pictures for use within the Center for bulletin boards and classroom displays.
- Go on any field trip planned and supervised by the staff of the Southeast Community College Child Development Center. The field trip may be by vehicle or walking. If my child is age five (5) years or younger, I will provide a state approved car seat.

I, _____ (parent/guardian name) have determined that the Director and assigned staff members of SCC Child Development Center are competent to give or apply medication to my child (ren). I understand that the SCC Child Development Center director has the responsibility to assess the ability of staff to give and apply medication safely and may give or apply medication to my child (ren).

Parent's Signature: _____ *Date:* _____

CHILD'S MEDICAL INFORMATION

IMMUNIZATIONS:

VACCINE	DATE OF EACH DOSAGE MONTH/DAY/YEAR	WHERE RECEIVED
DTP	1 2 3 4 5	
Polio	1 2 3 4 5	
Measles		
Mumps		
Rubella(German or 3-day)		
Hibs	1 2 3 4	
Hepatitis	1 2 3	
Varicella	1 2	
Pevnar (PCV)	1 2 3 4	

This is certified to be the current immunization status of

(Name of Child)

On _____

(Date)

Signature _____

(Physician, Health Agency, Parent, or Guardian)



CURRENT HEALTH STATUS

Has your child had chicken pox? o Yes o No

Does your child have tubes in his/her ears? o Yes o No

Does your child have any allergies or food restrictions? o Yes o No

If yes, please list allergy and food restrictions _____

Instructions in the event of an exposure to the factor _____

Any health problems which caregiver should know? _____

Medication, if any: _____

Physical limitations (glasses, hearing aid, crutches): _____

Company providing health and/or accident insurance coverage:

Please feel free to give any additional information that you want us to know about as we are getting acquainted with your child. All information is confidential and will only be used to help us plan for your child.

We ask for your participation in the Parent Involvement Program and Parent-Teacher Conferences. Southeast Community College Child Development Program students must provide a Parent Involvement Program and a Parent Conference each Quarter. We need your support and cooperation in helping out students.

THANK YOU 😊!