Dayspring
DAYCARE & PRESCHOOL MINISTRY

Where the Love of Learning Begins

DAYCARE CONTRACT

July 2018

This contract is entered into by Dayspring Daycare & Preschool Ministry (DDPM) and

(Parents/Legal Guardians)_____ for the

provision of childcare for (Child)_____.

*3504 Morehouse Road * West Lafayette, IN 47906 * 765.463.7700*

*info@dayspringdaycare.com * www.dayspringdaycare.com*

Fax: 765.463.7007

Please fill out all forms completely and accurately!
Any space intentionally left blank should be marked "N/A".

Child's Name: _____ **DOB:** _____ **Gender:** **M** **F**

Parents/Legal Guardians Contact Info:

Name: _____

Relationship to child: _____

Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Address: _____

_____

Home Email: _____
Cell Phone: (_____) _____
Home Phone: (_____) _____

Cell Phone Provider: _____
Please include cell phone provider only if you wish to receive text messages, alerts, & info from DDPM.

Employer's Name: _____
Employer's Address: _____

_____

Work Phone: (_____) _____
Work Email: _____

Name: _____

Relationship to child: _____

Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Address: _____

_____

Home Email: _____
Cell Phone: (_____) _____
Home Phone: (_____) _____

Cell Phone Provider: _____
Please include cell phone provider only if you wish to receive text messages, alerts, & info from DDPM.

Employer's Name: _____
Employer's Address: _____

_____

Work Phone: (_____) _____
Work Email: _____

Parents/Legal Guardians are:

___Married, living together
___Married, living separate
___Single, living together
___Single, living separate
___Divorced
___Other: _____

Mediation agreement must be on file for those with custody arrangements!

Child lives with: _____
Legal Custodian: _____

List names and ages of siblings:

_____
_____
_____
_____

Authorized Pick-Ups & Emergency Contacts

Please provide a copy of a government issued photo ID for all people listed below:

Emergency information is for when parents/legal guardians can't be reached.

☐ *Check here if parents/legal guardians only.*

Name: _____
Relationship to child: _____
Address: _____
_____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Name: _____
Relationship to child: _____
Address: _____
_____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Name: _____
Relationship to child: _____
Address: _____
_____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Name: _____
Relationship to child: _____
Address: _____
_____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Name: _____
Relationship to child: _____
Address: _____
_____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Name: _____
Relationship to child: _____
Address: _____
_____
Cell Phone: (_____) _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Authorized to Pick Up: Yes No
Emergency Contact: Yes No

Security password in the event someone not listed needs to pick up your child: _____
Security password hint: _____

Please list all allergies: _____
Please list all medical conditions: _____

Eye Doctor: _____ Phone: (_____) _____
Dentist: _____ Phone: (_____) _____
Doctor: _____ Phone: (_____) _____

Hospital preference in case of an emergency (Please Mark One):

☐ Any ☐ Franciscan Health, Lafayette East ☐ IU Health Arnett

I authorize DDPM to use ANY clean, sanitized supplies from DDPM stock, as well as ANY of the following items, properly labeled and provided by me: diapers/pull-ups, wet wipes, petroleum jelly, powder, lotion, saline nasal drops, sunscreen, sleep sack/swaddle and un-medicated diaper cream.

Please Note: DDPM does not generally keep the above mentioned items on hand. **Parents/Legal Guardians are required to provide all necessary items for the care of their child.**

I understand that ANY prescription or over the counter medications, medicated products and products with a dosage MUST be accompanied by a Doctor's note that meets DDPM policy, as stated in the Daycare Parent Handbook. This includes but is not limited to teething gel, gas drops, Gripe Water, vitamins and home remedies.

Contracted Schedule & Billing

DAY	ARRIVAL	DEPARTURE
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Billing Start Date:
_____

To avoid nap time disruption, we do not allow drop off and/or pick up between 12:00 and 3:00 pm.

The charge for the care of my child is $_____ per week and will be automatically withdrawn from my account via Tuition Express. I understand that I will be billed for my contracted schedule every week of the year regardless of absences or facility closings.

Bureau of Child Care
Division of Family Resources

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41* F or below and hot food at 135* F or above. Containers must be clearly labeled with the child's first and last name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent/Legal Guardian's name)

will provide food for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage and transportation to the facility.

Parent/Legal Guardian Signature: _____

Date: _____

PARENT'S NOTICE

State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Dayspring Daycare & Preschool Ministry

Address of facility (*number and street, city, state, and ZIP code*)

3504 Morehouse Road

West Lafayette, IN 47906

County

Tippecanoe

BREAST MILK PROCEDURE

State Form 49954 (R5 / 3-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).
4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.
5. Frozen breast milk may be thawed as follows:

   (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing (*"warm water" or "heat thaw"*).

   (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, **never warm** the breast milk until ready to feed the child.

   (c) Do not refreeze the breast milk once it has been thawed.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____ in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent	Date (*month, day, year*)

PLEASE WRITE "N/A" ACROSS THIS FORM IF IT DOES NOT APPLY TO YOU.

Dayspring
DAYCARE & PRESCHOOL MINISTRY

Release, Waiver and Hold Harmless Agreement

Child's Name: _____

Parents/Legal Guardians: _____

The above stated child ("Child") is enrolled in Dayspring Daycare & Preschool Ministry ("DDPM"). This agreement acknowledges that the Child may ride the DDPM transport van to and from DDPM on any field trip or outing that I/We provide a written permission slip. I/We understand that upon occasion DDPM will utilize public transportation, such as City Bus, to transport the Child. I/We also understand that any event or activity, on or off site, requiring an additional fee will require a signed permission slip prior to being charged. If the behavior of the Child becomes too distracting for the others on the van, including the driver, I/We acknowledge that the Child may be declined participation in future activities.

I/We also authorize the Child to participate in all activities ("Activities") offered by DDPM including but not limited to: outdoor playgrounds, indoor playroom, classroom activities, sensory play, onsite and off-site activities, field trips and guest presentations.

I/We recognize that the Activities involve an element of risk. In consideration of the Child's participation in the Activities, I/We assume all risks and hazards incidental to the Activities. I/We do hereby release, waive, covenant not to sue, absolve, indemnify, and agree to hold harmless Dayspring Christian Ministries, Inc. d/b/a Dayspring Daycare and Preschool Ministry, "DDPM", (collectively referred as the "Released Parties"), and the Released Parties' employees, officers and directors of any and all responsibility, liabilities or claims associated with the Activities. I/We agree that the Released Parties shall not be held responsible for any injury, illness or death as a direct or indirect result of Activities.

I/We have read and understand this agreement to be an enforceable legal document. I/We execute this release voluntarily. I/We understand that no medical insurance is provided by the Released Parties. This agreement is to remain in effect for the entirety of the Child's enrollment at DDPM.

_____ _____
Printed Name & Signature of Parents/Legal Guardians Date

_____ _____
Printed Name & Signature of Parents/Legal Guardians Date

Parents/Legal Guardians agree:

Concerning Rules and Regulations:

I have read this Daycare Contract, as well as the most recent version of the Parent Handbook. I will uphold all of the rules and regulations noted and understand they are a part of this contract. I understand failure to comply with the contract or handbook could be reason for dismissal of my child from DDPM.

Concerning Sensory Play, Edible Items and Treats:

I understand my child will be exposed to edible ingredients during sensory play, including but not limited to: cool-whip, pudding, jell-o, sweet/sour/sticky/crunchy items, noodles, etc. I also understand my child may be given food items related to an activity or classroom lesson, along with treats for special occasions, including but not limited to: classroom parties, holidays, birthdays, etc. I understand anything fed to my child that is not provided by me will arrive at the daycare as a pre-packaged/prepared, store bought item and will be opened onsite. I agree to notify, in writing, the DDPM office staff, as well as my child's teachers, of any known allergies.

Concerning Updates:

I understand the Daycare Contract, as well as the Parent Handbook, will be updated from time to time. I understand that these updates will be posted outside the business office for 30 days, during which I may discuss the changes with the Director. I understand after 30 days these changes will become part of my contract with DDPM.

Concerning Emergency Medical Treatment:

I authorize emergency medical treatment for my child in the event I cannot be contacted. I understand I will be financially responsible for the cost of such treatment.

Concerning Fire Safety Protection:

I understand under Indiana law a childcare ministry may choose not to provide certain fire safety protections. I understand this childcare ministry does not have the same level of fire protection as a licensed childcare center.

Concerning Photo Release:

I understand photos and videos are used by the daycare for various reasons including but not limited to labeling, creative projects, and newsletters. I authorize and consent to the use of my child's visual image by DDPM for appropriate purposes including but not limited to still photography, videotape, electronic and print publications, social media and websites with no claim for payment.

Concerning Parent Communication:

I understand the primary form of communication from the DDPM Director and Accounting Department is e-mail. I agree to keep my e-mail address up to date in order to stay informed of DDPM updates, changes and other important information.

_____ _____

Parent/Legal Guardian Signature *Date*

_____ _____

Parent/Legal Guardian Signature *Date*

All About Me

My name is_____

My favorite color is_____

My favorite food is_____

My favorite book is_____

I like to play_____

Insert child's photo here

These are the people in my family

_____

_____

Insert family photo here

Parents:

Please take a moment to attach a snapshot of your child, as well as one of your family on the All About Me Form. We also ask that you take a moment to fill in the following responses and return this packet to the front desk, along with your registration paperwork. This information will be used in your child's new classroom to help teachers get acquainted, and even for some fun classroom activities! Thank you!

Child's Name:_____

My infant's eating schedule is: (please write "N/A" if not applicable to your child)

_____
_____
_____
_____

My child is fully potty trained, partially potty trained, or not potty trained at all. Please circle one and include helpful information for your child's teachers here:

_____
_____
_____
_____

Please take a moment to list any additional important/helpful information about your child's daily routine here. We want your child's transition to be a smooth and positive experience!

_____
_____
_____
_____
_____
_____
_____
_____