

Email Address _____

Child Information Sheet

Parent Cell # _____

Child's Name _____ Date of Birth _____

Parent(s) Name(s) _____

Address _____ Phone _____

Employer _____ Phone _____

Employer _____ Phone _____

Doctor Name _____ Phone _____

Dentist Name _____ Phone _____

Health Insurance _____ Policy # _____

In Case Of Emergency Contact:

Name _____ Phone _____

Name _____ Phone _____

Adults (other than Parents) Who may Pick Up Child:

Name _____ Relationship _____

Name _____ Relationship _____

Child's Known Allergies _____

Travel and Activity Authorization

I give permission for my child _____ to leave Provider's home with supervision for trips in Provider's car for trips such as parks, movies, shopping trips, to and from school etc. I also give permission for my child to leave providers home for supervised neighborhood walks.

Parent Signature _____ **Date** _____

Photograph Release Form

I authorize Provider to photograph my child _____. I understand these photographs will be used for in class projects and gifts home. I also understand that these photos will be posted online at www.mommystimeout.com. The photo's posted will be available to view by all parents who's children attend Mommy's Time Out. They will also be able to be viewed by new parents calling to request information for the services Mommy's Time Out provides. The photos posted will be a big enough file size that parents will be able to save it to their personal home computer system so they may be printed.

Parent Signature _____ **Date** _____

Medication Permission Form

I authorize Provider to administer medications to my child _____. Medications such as Tylenol, Pedia Care for runny noses etc. In addition any medications I will provide that my child may be on for a limited time such as antibiotics etc.

Parent Signature _____ **Date** _____

Emergency Medical Authorization

I, _____, Parent of _____,
Date of Birth _____, do hereby give permission and/or consent
to _____, childcare provider, to secure and
authorize such emergency medical care and/or treatment as the
above-named child might require while under the supervision of said
childcare provider. I further authorize said childcare provider to
administer emergency care/treatment as needed, until medical
assistance is available. I also agree to pay all the costs and fees
contingent on any emergency medical care and/or treatment for said
child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in case
of emergency. In the event of an emergency, it is necessary to have
the following information.

Physician's Name _____ Phone _____
Preferred Hospital _____ Phone _____
Address _____
Health Insurance _____ Policy# _____
Parent(s) Name(s) _____
Address _____ Phone _____
Cell/work phone _____
Emergency Contact
Name _____ Phone _____
Name _____ Phone _____

Parent Signature _____ **Date** _____

**Mommy's Time Out
Child Care Contract
Half Day Agreement**

This contract is entered into by and between _____ of
(Parent)
_____ hereinafter
(Address) (City) (Zip)

“Parent” and _____ of _____ hereinafter
(Provider) (Address)

“Provider” for the purpose of securing arrangements for child care of
_____ hereinafter “Child/ren”.
(Name of child or children)

Parent Agrees:

* To pay the Provider the rate of **\$30.00 increasing to \$34.00 starting Jan 1st 2012** per day per child for child care services for their child/ren.

* To pay the Provider in advanced on the 1st and 15th of the month.

* Day of week child/ren to be taken care of M TU W TH

* Hours child/ren to be cared for, as early as 9am to as late as 1pm.

* To pay an **overtime** rate of \$5.00 per hour per child when the child/ren are delivered prior to 9am or leave after 1pm. A full hour is charged if early or late, no matter what portion of the hour you use.

_____ Parent initials read and understood.

* This placement is a “Salary” to the Provider, any family vacations or sick days Parent has child/ren out are not deducted from monthly rate.

* Parent has received Providers calendar for the year, and understands the days off Provider will be taking.

In addition Parent understands days provider will be working and expecting your child/ren to attend. All days Provider takes off Parent is not responsible for payment. Any Federal Holidays Provider is open that parent does not wish to have their child/ren attend, Parent will provide 48 hours advanced notice to Provider and the Holiday will not be billed. Calendar subject to change given unforeseen events, ie sicknesses, travel.

_____ Parent's initials, calendar received, and policy understood.

- * Parent agrees to give the Provider 2 weeks written notice to terminate their scheduled days with the Provider for their child/ren. Payment is expected for those 2 weeks.
- * That should Parent bring child/ren prior to 8:45am or pick up after 3pm, your child/ren will be transported in Providers car for school Pick up's/Drop off's.
- * If Parent sends child/ren with a snack, they need to come with enough for 6 child/ren.
- * If child/ren bring a toy, we have a must share policy. Blankets do not apply.
- * Parent understands that the Provider has 2 cats, child/ren not allergic.
- * Child/ren will not be allowed to come and **will be sent home** if they have a fever, have discolored mucus running, excessive runny nose, excessive coughs, diarrhea or vomiting. Child/ren must be clear of all the symptoms for a full 24 hours prior to returning.

The Provider Agrees:

- * To provide a safe and clean environment for the child/ren.
- * To provide appropriate activities and toys for the child/ren.
- * To provide a pre-school style atmosphere with age appropriate learning.
- * To provide verbal praise, self esteem and confidence building reassurance to child/ren.
- * To provide meals and snacks at appropriate hours.
- * To provide smiles, hugs, and kisses to boo boo's :)

Parent Signature (s) _____ **Date** _____

July 2011

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

X = No School for all students
 ☆ = Holiday, majority vote to stay open or close