

This agreement is a legally binding contractual agreement for Rockin' Robins PlayCare.

Registration Fee:

The program requires a \$25 registration fee. If you participated in our on-line survey, your fee will be credited toward PlayCare.

PlayCare Rates:

Tuition rates are set at a level that will cover reasonable salaries for Little Inspirations' teachers, expenses associated with providing high quality care and activities while maintaining the physical space where childcare occurs. The tuition rate is \$15/hour for the first child and a 10% discount for each sibling.

PlayCare Payments:

Tuition payments will be billed weekly on Monday morning for care provided in the previous week. Tuition is paid via TAP (our Tuition Auto Payment Program via ACH or credit card). Please note that there will be a 3% processing fee for all credit card transactions. Each returned payment will incur a \$30 reprocessing fee.

Agreements:

By initialing each statement below and signing this document, you agree to the following:

_____ Parents/Guardians have read the Little Inspirations Parent Handbook and will, in good faith, abide by the policies and procedures delineated in the Little Inspirations Parent Handbook.

_____ Little Inspirations must receive all registration materials prior to first date of attendance, including a copy of child's birth certificate and completed DHS 600 Medical form and summary of DCFS daycare standards.

_____ Five children minimum per day is required for PlayCare to take place. If this minimum is not met, you will receive notice of the date's cancellation 48 hours prior to the scheduled date.

_____ A two-hour minimum per day is required. No shows for confirmed care will be charged two hours.

_____ Parents/Guardians agree to the fee schedule above.

_____ Little Inspirations may amend its policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least TWO weeks before they go into effect.

Legal Guardian signature _____

Date _____

Legal Guardian signature _____

Date _____

Co-signer's signature _____

Date _____

If the parent or legal guardian is under age 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms. All parents/guardians must sign this agreement.

MEDICAL INFORMATION AND CONSENT FOR EMERGENCY CARE

PEDIATRICIAN:

Doctor's Name: _____

Address: _____

Phone Number: _____

INSURANCE:

Do you have health insurance coverage for _____? Yes No
(Child's Name)

Name of Insurance Company: _____

Policy #: _____

Group #: _____

In Whose Name is the Insurance? _____

HEALTH HISTORY:

Pre-existing or present medical conditions:

Name and Dosage of any medications that must be taken:

Allergies:

Major illnesses during the past year:

To be filled out by Little Inspirations Center Representative:

Date Illinois Department of Public Health Examination Form Received: _____

(Form DHS 600 must be renewed every two years. To ensure yours is current, please submit an updated form after your child's annual checkup.)

CONSENT TO ADMINISTER MEDICATION (Complete only as necessary)

Little Inspirations prefers that all medications be administered at home. This form must be filled out before we are able to administer any medication to your child.

In the event that it is necessary for Little Inspirations staff to administer medication, it will be done only by a director when the following consent form has been completely filled out by the parents/guardians for the specific medication. This includes diaper rash creams and ointments.

Please note that all medications must be delivered to Little Inspirations in their original containers with the child's name clearly written on the container. The container shall be placed into a zip lock bag along with the completed consent form. The zip lock bag shall be sealed and labeled with the child's name and date of receipt.

I, the undersigned parent / guardian of _____ give my consent for Little Inspirations staff to administer the following medication in the ways described below during the specific time frame noted below.

Name of Medication _____

Prescription or Over-the-Counter? _____

Dosage: _____

Dates and Times of administration: _____

Specific Directions for administration: _____

Parent/Guardian Signature: _____ Date _____