

**Kidzway Learning Center Contract**

This agreement is entered into as of this date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by Kidzway Learning Center and \_\_\_\_\_ (Parent/Guardian).

This contract contains the terms agreed upon between the provider and the parent/guardian of the child to be cared for:

Child 1: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child 2: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child 3: \_\_\_\_\_ DOB: \_\_\_\_\_

**Terms:**

- Weekly Rate.** The weekly rate will be determined based on the following rates:
  - One Child ..... \$135.00 per week
  - Two Children..... \$252.00 per week
  - Three Children..... \$375.00 per week

Your weekly rate will be: \$\_\_\_\_\_ and is due by Friday afternoon of that week. If payment is not placed in the drop box by Friday afternoon, a \$15 late fee will be added.

- Days and Hours.** The parties agree to the following schedule of care:

[ ] Monday.....Hours \_\_\_\_\_ to \_\_\_\_\_  
[ ] Tuesday.....Hours \_\_\_\_\_ to \_\_\_\_\_  
[ ] Wednesday.....Hours \_\_\_\_\_ to \_\_\_\_\_  
[ ] Thursday.....Hours \_\_\_\_\_ to \_\_\_\_\_  
[ ] Friday.....Hours \_\_\_\_\_ to \_\_\_\_\_

The center will be open from: 7:00AM -5:00PM. Children may not remain at the center for over ten (10) consecutive hours.

- Shut Down.** The parties in this contract agree that Kidzway Learning Center will be shut down for one week in the month of June each year. You will not be required to pay your weekly rate for this week. If Kidzway Learning Center is closed for inclement weather, you will not be required to pay for those days. However, you will be required to pay as scheduled all other weeks regardless of if your child is in attendance.
- Termination.** A two-week notice is required for either party to terminate this agreement. If a two-week notice is not given, payment is still required for those two weeks.

Both parties agree to the aforementioned terms.

Kidzway Learning Center Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Mother/Guardian's Place of Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parents: \_\_\_\_\_ Married/Live Together \_\_\_\_\_ Divorced/Separated

Father/Guardian's Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Father/Guardian's Place of Work: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**The following individuals are allowed to pick up my child from Kidzway Learning Center:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History:**

Please list any allergies or medical complications that Kidzway Learning Center should be aware of:

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**Authorization for medical care in case of an emergency:**

I, \_\_\_\_\_, authorize Kidzway Learning Center staff to have my  
child, \_\_\_\_\_, treated by qualified medical personnel if an emergency  
occurs and I cannot be contacted.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission to Photograph

I, \_\_\_\_\_  
(Parent or Guardian's name)

Give permission for Kidzway Learning Center to photograph my child,  
\_\_\_\_\_ for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on bulletin boards or in facility's scrapbook, shown to current and prospective clients		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display still photos on website/Facebook		
Use still photos in promotional materials		
<b>Videos:</b>		
Display Video on website/Facebook		
Use video in promotional materials		
Give video to current parents		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent's/Guardian's Permission to Apply Sunscreen

(Name of Child) \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of skin cancer in the future. Therefore, I give my permission for personnel at Kidzway Learning Center to apply a sunscreen product to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I have provided the following brand/type of sunscreen for use on my child:

\_\_\_\_\_

- Do not apply any sunscreen to my child.

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Preferred Hospital Statement**

In case of an emergency in which an ambulance must be called, it is a Franklin Co. regulation that the patient automatically be taken to Frankfort Regional Medical Center. They will not allow the patient and/or caretaker to specify any other hospital. However, state daycare regulations specify that we must ask parents their preferred hospital in the case of an emergency. If you would please state a preferred hospital for your child, under the knowledge that they will automatically be taken to Frankfort Regional Medical Center if an accident occurs on our premises.

Child's Name: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

### **1<sup>st</sup> Day Items**

- Immunization Record – we need this in order for your child to start
- Diapers/Pullups if needed (We provide wipes)
- Extra change of clothes labeled
- Blanket & crib sheet for nap time labeled
- Sunscreen labeled
- Infants: Labeled bottles with breastmilk or water prefilled, premeasured formula for us to fill bottles with, baby food/cereal if your providing, pacifier if needed
- Water cup/bottle, taken home to be washed each day (1-year-old and under: Sippy Cup)

### **Closings and Text Alerts:**

In the event that we have to close due to snow, we will send out a text through our **remind app** and post it via Facebook and WKYT. Please keep an eye on the weather conditions and have a line of communication open for us to reach you today!

TO SIGN UP FOR THE REMIND APP:

Text **@kidzw** to **81010**

Or

Email a blank email to [kidzw@mail.remind.com](mailto:kidzw@mail.remind.com)