



## Parental Agreement

Your child will be in a Christian atmosphere of love, joy, and care. Happy Days is a home away from home where your child can feel cared for, protected and secure. Please feel free to discuss any problems, situations or concerns with office personnel.

Happy Days Child Care Center agrees to provide child care for \_\_\_\_\_.

1. I have received a copy of the Parent Handbook which contain the policies and procedures of the center. I agree to all the standards that are set forth in said book and will comply with it.
2. I hereby release, indemnify, and hold harmless Happy Days and it's staff from any loss or damage to toys, clothing, or other articles.
3. I hereby grant permission for my child to participate in all activities associated with Happy Days.
4. I grant permission for Happy Days to use photographs of my child while he/she is involved in school activities for their website or their facebook page.
5. Before any medication is dispensed to my child, I will provide written authorization, which includes: child's name, date, name of medication, prescription number (if any), dosage, and date and time of day medication is to be given. Medicine will be in the original container with my child's name on it.
6. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or a facility personnel.
7. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur: ie; telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and physical and immunizations, etc.
8. The facility agrees to keep me informed of any incidents including illnesses, injuries, adverse reactions to medication, and exposure to communicable diseases which include my child, etc.
9. It is my responsibility to let the Center know if I do not want my child to participate in routine transportation on field trips away from the facility.
10. I acknowledge that it is my responsibility to make payments for the care or my child on Mondays. If payment is not received by Wednesday of each week, there will be a \$15.00 late charge. If payment is not made by Friday, I understand that my child may not be able to return to the Center the following week.

Parent/Guardian Signature: \_\_\_\_\_

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