# CHILD CARE CONTRACT

| | |
|---|---|
| **Child's Name** | |
| **Child's Birthday** | |
| **Child's Age** | |

**Parent/Guardian's Name:** _____

**Parent/Guardian's Name:** _____

**A Child Care Contract is a contract made between the parent or and a childcare provider that outlines the terms of childcare for the parent or guardian's child or children. Both parties must agree to all terms written in this contract.**

## Terms:

A. The term of this contract will begin on the date this contract is signed by the parties and will remain in full effect indefinitely until terminated.
B. If either party wishes to terminate this contract, that party may do so by serving a written notice to the other party.
C. If either party breaches a term under this contract, the non-defaulting party may terminate this contract immediately.
D. Both parties agree to do everything necessary to ensure the terms of this contract are followed.

## Outline of Contract:

A. Admission Agreement
B. Schedule Agreement
C. Payment Policies Agreement
D. Tuition Policy
E. Withdrawal and Discharge Agreement

# ADMISSION CONTRACT

**Terms:**

A. I understand that my child must meet the enrollment requirements of the school. This includes abiding by the school's age group restrictions.
B. I understand that all registration documents must be completed and contain honest and truthful information.
C. I understand and have paid the enrollment fees including the registration fee, deposit, and first month tuition.
D. I understand and comply with the guidelines for enrolling siblings into the program.
E. I understand and respect the waitlist process.
F. I understand and comply with the school's visitation policy.
G. I understand and will pay the annual enrollment fee to ensure my child's spot for the upcoming school year.
H. I understand that it is my responsibility to bring in the items required for my child in the school. This includes a water bottle, blanket, nap time items, extra change of clothes and proper outdoor wear.
I. I understand that it is my responsibility to update my child's forms for the school's records. I will update their school on any changes to these forms that I need to make.
J. I understand that I need to complete a 30-day written notice to the center if I choose to withdraw my child from the school.
K. I understand that the school has a right to terminate a child's enrollment under specific circumstances outlined in the parent handbook.
L. I understand that I must supply a pickup authorization written document for any child who is being picked up from the school from someone besides their parent or legal guardian.

_____ _____

**Parent/Guardian Signature** **Date**

_____ _____

**Parent/Guardian Signature** **Date**

# SCHEDULE AGREEMENT CONTRACT

**Terms:**

A. I understand that enrollment and days reserved for care are on a first come first served basis.

B. I understand that the days I have reserved with the provider can only be changed by the approval of the director.

C. I understand that adding days to my child's current program, or the switching of the days, depends on the school's current space availability.

D. I understand that the school allows for occasional requests for my child to add a drop-in day. I understand that this requires approval from the director and must be done with a 2-week prior approval notice. I also understand that the school charges $65 for an added daily rate.

E. I understand that my child must arrive at Tru Luv Learning Center before 8:30 am to attend.

F. I understand that my child must be picked up from the school at Tru Luv Learning Center by 2:30 pm

G. I understand the school is closed for the holidays outlined in the parent handbook.

H. I understand that the school may close due to harsh weather conditions.

_____ _____

**Parent/Guardian Signature** **Date**

**Parent/Guardian Signature** **Date**

# PAYMENT POLICIES AGREEMENT CONTRACT

**Terms:**

A. I understand that the tuition pricing for my child is $250 per week..

B. I agree and will pay my child's tuition on Monday

C. I agree and will pay my child's tuition through Cash App, Procare or Cash

D. I understand there is a late payment penalty fee of $25 after 2 pm on Monday.

E. I understand that if I have 3 late payments of tuition in one consecutive year, that my child may be discharged from the program.

F. I understand that there is a registration fee of $150 that is non refundable.

G. I understand that tuition is evaluated on a yearly basis, and I will receive a 1 months' notice prior to preparing for any changes.

H. I understand that the school does not offer tuition refunds for absence fees, vacations, or sick days.

I. I understand the school is closed for the holidays outlined in the parent handbook and I will not receive a refund or a discount for these days.

J. I understand that the school may close for harsh weather conditions to ensure the safety of all students and staff. I understand that no discounts are given for such events.

K. I understand that if my child was discharged or withdrawn from the center that I am still responsible for any payments to complete the child's final month of care.

L. I understand my child will be immediately discharged for any nonpayment situations for care.

_____ _____

**Parent/Guardian Signature** **Date**

Parent/Guardian Signature _____ Date _____

# TUITION AGREEMENT

| | First | Middle | Last |
|---|---|---|---|
| Student's Name: | | | |
| Parent/guardian name: | First | Middle | Last |
| Parent/guardian name: | First | Middle | Last |

Starting Month:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|

| | |
|---|---|
| Fee: per: Hour Day Week Month | Date payment due: |
| | Source of payment: Parent Other (specify): |
| Overtime rate: per | Late fee: per |

I agree to promptly notify the school of any changes of the above information.

I understand that I am responsible for the terms of this agreement.

I understand and comply with all policies and procedures of Tru Luv Learning Center.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

## WITHDRAW AND DISCHARGE AGREEMENT CONTRACT

**Terms:**

A. I understand I must supply a 30-day written notice to withdraw my child from the school.

B. I understand that I will not receive the a refund for registration fee

C. I understand the school has a right to terminate my child's enrollment under specific circumstances which are outlined in the parent handbook.

D. I understand that many attempts will be made prior to discharging my child from the school.

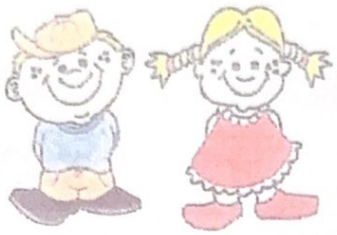
E. I understand it is my duty as the child's parent or legal guardian to work with the school on the measures they implement before discharging my child.

F. I understand that the school and its staff reserve the right to determine any disputed factual matters regarding termination of enrollment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

# ALL ABOUT YOUR CHILD



Child's Full Name _____ Nickname _____

I have _____ brother(s) and _____ sister(s). Their names and ages are _____

_____

Has your child been in daycare before? Yes _____ No _____

If yes, name of provider or center _____

Provider/Center address/Phone Number _____

Dates care was provided, from _____ to _____

Reason care was terminated _____

Eating Habits :

Does your child have a special diet? _____ Are there any foods that should not be served to your child?

If yes, please list the food and the reason _____

_____

Your child's favorite foods _____

Least favorite _____

Does your child eat independently? Yes _____ No _____

For infants, what brand of formula do you use? _____

Does your child require: bottle _____ sippy cup _____ high chair _____ booster seat _____

Sleeping Habits:

Does your child have a regular bedtime schedule? Yes _____ No _____

What time does your child usually wake up in the morning? _____

What time does your child usually go to bed at night? _____

Tru Luv Learning Center, LLC

# ACKNOWLEDGEMENT OF RECIEPT OF DISCIPLINARY POLICY

Today's Date: _____

We _____the parents of

_____have read and received a copy of Tru Luv Learning Center Disciplinary Policy.

I agree and understand the policy and procedures listed in the Disciplinary Policy.

Parent/Guardian_____ Date:_____

Parent/Guardian_____ Date:_____

## EMERGENCY TREATMENT AND TRANSPORTATION

I hereby give permission to Tru Luv Learning Center, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

**Signature of Parent/Guardian:** _____

Date: _____

## EMERGENCY INFORMATION

| | |
|---|---|
| Hospital: | Address:<br>Phone: |
| Poison Control: | Address:<br>Phone: |
| Fire Department: | Address:<br>Phone: |
| Police Dept.: | Address:<br>Phone |

- ❑ The administration of all medications will be recorded in a medication administration log with the date, times administered, dosages, prescription name, and the name and signature of administering the medication.

**Receiving Non-Prescription Medication:**

- ❑ Non-Prescription medication shall be accepted only in its original container. Medication not in its original container will not be accepted into the school.
- ❑ Non-Prescription medication shall be clearly labeled with the child's first and last name.
- ❑ The container shall be in such condition that the name of the medication and the directions for use are clearly readable.

**Administering Non-Prescription Medication:**

- ❑ Only the designated staff person will administer medication.
- ❑ Non-Prescription medication shall be used only for the child who is confirmed to receive it.
- ❑ Non-Prescription medication may be dispensed in accordance with the manufacturer's instructions.
- ❑ The administration of all medications will be recorded in a medication administration log with the date, times administered, dosages, prescription name, and the name and signature of administering the medication.

## ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK

**Today's Date:**

We _____ the parents of

_____ have received a copy of the Tru Luv Learning Center Parent Handbook.

I agree and understand the policies and procedures listed in this handbook and comply with the school's rules and regulations. I understand that the policies and procedures listed in this handbook are subject to change to reflect the program's needs. I understand I will be made aware of these changes in a timely fashion, and I will always adhere to the most up to handbook.

_____ _____

**Parent/Guardian Signature** **Date**

_____ _____

**Parent/Guardian Signature** **Date**

## Terms and Conditions

Tru Luv Learning Center

919 True Street Unit: G Columbia, SC 29209

2023-2024

# Corporal Punishment

The use of corporal punishment is prohibited at Tru Luv Learning Center. Corporal punishment is the use of physical force to the body as a discipline measure.

Physical force to the body which includes but is not limited to : Spanking, slapping, biting, kicking and shaking etc.

Parents are not allowed to provide corporal punishment to their children in the center or on the center premises.

I clearly read and I do understand that corporal punishment is prohibited at Tru Luv Learning by signing below.

(Print) Parent/Guardian Name:_____

Date_____

Parent/Guardian Signature: _____

Date:_____

# Authorization to Transport Child

# And

# Field-Trip Permission

**Authorization is Valid: July 28, 2023-July 28, 2024**

**Child's First Name: _____ Child's Last Name: _____**

**Child's Date of Birth: _____**

**My child requires a booster seat: ___ Yes ___No (All children under 8 years of age are required to be in a booster seat)**

I authorize Tru Luv Learning Center to transport my minor child in a Bus or Van, driven by an individual authorized by Tru Luv Learning Center. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
2. My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,

My child is to remain in their seat and not be disruptive to the driver of the vehicle.

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I for myself, my child, my executors and assigns, further agree to release and forever discharge Tru Luv Learning Center and their agents, staff and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those base on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

**Parent/Guardian Name:** _____

_____ _____

**Parent /Guardian Signature** **Date**

South Carolina Department of Social Services
Child Care Regulatory Services

# GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

**This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.**

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes — City, State, Zip

**Child's Name:** _____
Last — First — Middle Initial — Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address — City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____
Full Name — Relationship

Address: _____
Street Address — City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____
Full Name — Relationship

Address: _____
Street Address — City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

**Check** all days Child will regularly attend this facility: ☐ **Mon** ☐ **Tue** ☐ **Wed** ☐ **Thurs** ☐ **Fri** ☐ **Sat** ☐ **Sun**

**Check** all meals Child will receive daily: ☐ **Meals are not offered** ☐ **Breakfast** ☐ **Morning Snack** ☐ **Lunch** ☐ **Afternoon Snack** ☐ **Dinner** ☐ **Evening Snack**

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

_____
Street Address — City, State, Zip — Telephone

Emergency Care Provider: _____
Emergency Facility Name

_____
Street Address — City, State, Zip — Telephone

Dental Care Provider: _____
Name

_____ _____ _____
Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: ☐ Yes ☐ No ☐ N/A Please explain: _____

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

_____

_____

Additional Comments: _____

_____

_____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

_____
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee