



Ready-Set-Grow

Preschool and Childcare Contract

I, _____, the parent (guardian) of _____, agree to pay the normal weekly rate of \$_____ as calculated below.

I understand that I am supposed to prepay for the week of service by paying on Monday, unless I make other arrangements with the director. Weekly fees not paid by Wednesday evening will be subject to a \$15 late fee.

I understand that if there are changes (vacation time, birthday, etc.) that would affect my rate, it is my responsibility to inform the director in writing at least one week before the change takes place. RSG will not adjust my rate without one week notice. I understand that being absent due to sickness will not affect my rate.

I understand that if I am late picking up my child(ren) in the evening, I will be charged \$1 per minute, beginning with \$5 at 5 minutes. If I am repeatedly tardy picking my child(ren) up, I may be asked to make other arrangements for the end of the day.

I understand that I am responsible for paying any portion not covered by state assistance, including the weeks prior to receipt of that assistance. I expect to receive state assistance: yes ___ no ___

If my balance goes unpaid for two weeks (\$_____), my child will be ineligible to attend until it is paid off. If this happens twice, I will be required to pay before leaving my child at the center.

Classroom	Contract Rates	
	2-3 days	4-5 days
Two-Year-Old	\$115	\$155
Three-Year-Old	\$110	\$135
Four-Year-Old	\$100	\$130
Kindergarten	\$80	\$120
School Age	\$60	\$85
K and School Age NO-SCHOOL RATE	\$100	\$130

Rates Effective June 1, 2018

Calculate Family Rate Here	
	Weekly Rate
First child	
Second child*	
Third child	
Fourth child	
Sibling Discount*	-15
Weekly FAMILY Total	

Notes: _____

There is a one-time registration fee of \$50 per family. In addition to these forms, Ready-Set-Grow will need a current copy of your child's immunization record and a copy of your Driver's license.

I agree to read the policy book and will be held accountable to the policies therein. If I have any questions, I will speak with the director.

Parent (Guardian) Signature _____ Date _____

For our part, Ready-Set-Grow promises to be your partner in your child's care. We will nurture your child(ren)'s growth to the best of our abilities. We will read to them, play with them, and introduce them to new concepts. We will provide supervision and do our best to keep them safe. We will be available to you for conferences and support.

Director Signature _____ Date _____

Child Health History/Releases this form must be updated annually. Year: _____

Child's Name: _____ Birth date _____

Please check all that apply and list any health information needed to care for your child.

Any known allergies: No Yes If yes, please list:

Food Sensitivities: _____

Medication Allergies: _____

Other: _____

Any chronic illnesses/medical conditions: No Yes

Any disabilities: No Yes

Emotional/Social Problems: No Yes

Visual Impairment: No Yes

Physical Impairment: No Yes

Diabetes: No Yes

Hearing Impairment: No Yes

Asthma: No Yes

Developmental Delays: No Yes

Seizures: No Yes

Heart Problems: No Yes

Any additional health information not listed above: _____

Any routine medications your child is taking: _____

(Please see the Parent Policy Handbook for our medication policy.)

Any instructions for your child's daily care (any activities they should not engage in for health reasons)

Any instructions for child's emergency care:

(Please see the Parent Policy Handbook for our emergency policy.)

The following is a list of things we need parents to sign a release for. Please read and initial each item.

(The initials RSG stand for Ready-Set-Grow Preschool and Childcare Center.)

_____ Staff of RSG may take pictures of my child. These pictures will mainly be used in the center, but could include use on the center's website, social media pages, blog, or for marketing purposes. RSG will not post names with pictures outside the center.

_____ Staff of RSG can apply sunscreen to my child when it is needed to play outside. I confirm that my child or children has no known medical history, allergies or problems with sunscreen, and I will not hold Ready-Set-Grow Preschool & Child-care responsible for any allergies or problems that may develop with the sunscreen. I am also aware that the sunscreen will be kept out of the reach of my child and any other children.

_____ I give permission for RSG to follow directions given by Poison Control Center. I will not hold RSG or their staff liable for any damage that may occur as a result of following instructions given by the poison control center.

_____ RSG staff may use CPR or First Aid if my child or children need it. I will not hold RSG or their staff liable for using CPR or First Aid or any damage that may occur as a result.

_____ In the event there is an emergency or disaster which requires everyone to leave the center, RSG has my permission to transport my child or children to an evacuation site or medical facility (if medical attention is needed). I will not hold RSG or their staff liable or responsible for any accident due to the emergency.

_____ The Director or other trained staff at RSG may use the abdominal thrust on my child in the event of choking on a food item or other item. I will not hold RSG or its staff responsible for any injury that may occur as a result.

_____ I give my permission for RSG to transport my child to and from school and/or any other activities associated with RSG that require transportation. I will not hold RSG or its staff responsible or liable for any injury that may occur during this transportation process.

I have received, read and agree with the contract and policies of Ready-Set-Grow Preschool & Childcare. By signing this form, I agree that Ready-Set-Grow Preschool & Childcare will provide childcare for my child or children and I will abide by all policies.

Child's Name _____

Birth date _____

Parent or Guardian Signature _____

Date _____

Contact Information

Child's Name: _____

Birth Date: _____

Parents' (Guardians') Home and Employment Addresses

Father's Name _____

Employer: _____

Home Address: _____

Work Address: _____

City/Zip: _____

City: _____

Phone Number: _____

Work Number: _____

Social Security Number (For ID): _____

Father's email: _____

Mother's Name _____

Employer: _____

Home Address: _____

Work Address: _____

City/Zip: _____

City: _____

Phone Number: _____

Work Number: _____

Social Security Number (For ID): _____

Mother's email: _____

Most of our communication is done through email, we must have a parent email that is checked often

Emergency Contacts: These people can take responsibility for the child in an emergency when parents cannot be reached. These are the only other people who will be allowed to take the child from the center, without written notification. They will be asked to show photo identification. **Please list one contact that is out of area.**

1. Name: _____

2. Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City/Zip: _____

City/Zip: _____

Phone Number: _____

Phone Number: _____

3. Name: _____

4. Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City/Zip: _____

City/Zip: _____

Phone Number: _____

Phone Number: _____

Please enter these same names on the small emergency card.

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize a representative of Ready-Set-Grow to obtain emergency medical care and/or provide emergency medical transportation for my child. I will not hold RSG or its staff responsible or liable for any injury that may occur while seeking assistance.

Parent (Guardian) Signature: _____ Date: _____



Permit To Leave The Center

I, _____, give Ready-Set-Grow Preschool & Childcare my permission to take my child(ren) _____ outside of the center's boundaries.*

Initial each:

_____ *On daily walks around the neighborhood and to local destinations, within a half mile radius of the center.

_____ *While transporting to and from the local public schools.

_____ *While participating in field-trips that require vehicle transportation & walking field-trips that exceed a half mile radius.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Evacuation Card

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Primary Address: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Contact 1 Name: _____ Phone #: _____

Contact 2 Name: _____ Phone #: _____

Contact 3 Name: _____ Phone #: _____

Contact 4 Name: _____ Phone #: _____

Allergies: _____ Current Medications: _____