ANN ANGEL'S In-Home Childcare
Daycare Agreement

Child Name
Parent/Guardian
Parent/Guardian

Days and times my child will be in attendance

Check Days in care	☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
Arrival Time							
Departure Time							

Fees

Enrollment Fee $75.00	Late Fee $10.00 Per: Day
Rate $ Per: ☐ hour ☐ day ☐ week ☐ month	Payment is due by: Fridays by 6pm
Other Fee: $ Description:	

I understand that it is my responsibility to promptly update any changes in the above information. Should I withdraw my child from care, I will give a minimum of two week's advanced notice.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
Childcare Provider's Signature	Date

ANN ANGEL'S In-Home Childcare
Child Information

Child Info			
Child Name		Date of Birth	Sex M F
Parent/Guardian Name		Parent/Guardian Name	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City/State/Zip		City/State/Zip	

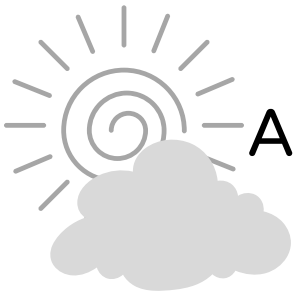
Authorized Pickup: Persons having permission to pick up your child.			
Name		Name	
Home Phone	Work Phone	Home Phone	Work Phone
Name		Name	
Home Phone	Work Phone	Home Phone	Work Phone

Emergency Contacts			
Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone

Medical Information	
Physician Name	Physician Phone Number
Physician Address	
Special Health Conditions/Medical Concerns	
Food Allergies	

Transportation: Please check the appropriate boxes.	
I do not give permission for my child to be transported.	
I do give permission for my child to be transported.	
● to the nearest medical facility, if a medical emergency occurs and I cannot be reached	
● on field trips	
● to and from school	
● to and from home	
● other, please specify	

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date



ANN ANGEL'S In-Home Childcare
Sunscreen and Bug Spray

I understand that my child will spend time outside as weather permits and therefore give permission for sunscreen and bug spray application to my child as needed for protection from sun exposure and insect bites.

Please check the appropriate boxes.	
I am not aware of any allergies my child has to sunscreen or bug spray.	
I give permission for daycare personnel to apply sunscreen and bug spray supplied by the daycare.	
My child does have allergies/sensitivities, therfore I have provided sunscreen and bug spray for use on my child.	

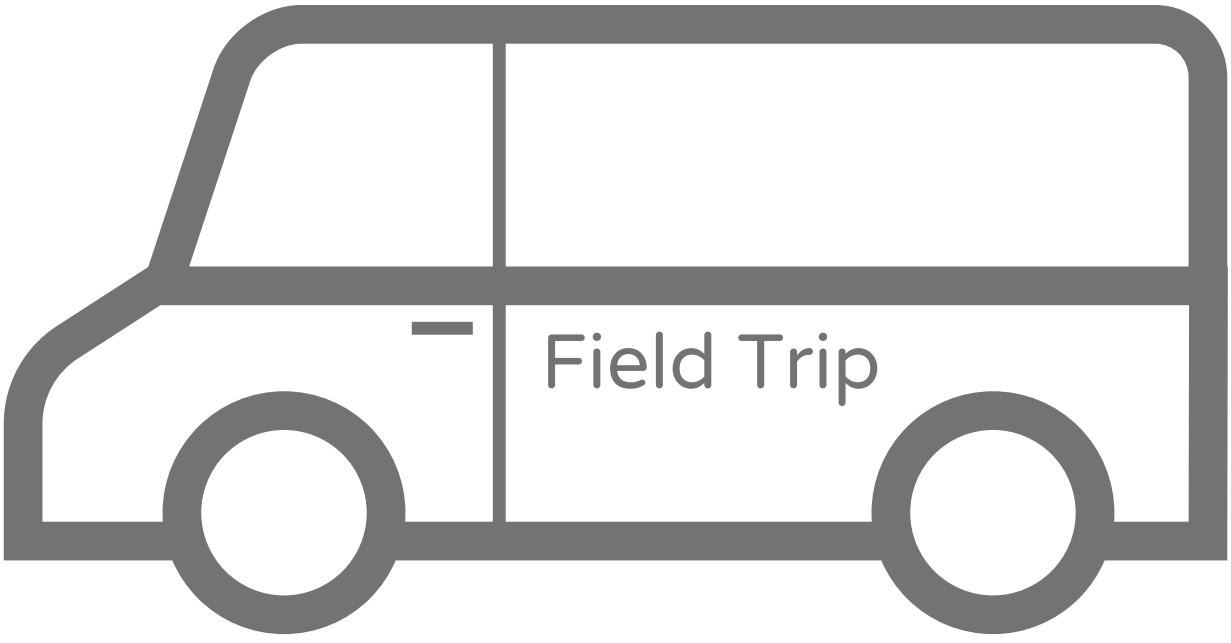
Child Name	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

ANN ANGEL'S In-Home Childcare
Field Trip Authorization

I give permission for my child to go on field trips as part of the daycare program. This includes transportation by vehicle or bus and is granted only if my child will be properly restrained while in transport.

I release the daycare and personnel from liability in case of accident during activities and travel while on a field trip.

Child Name	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date



ANN ANGEL'S In-Home Childcare Medication Permission

I hereby authorize administration of the below listed medication to my child, which has been supplied by me and is clearly labeled.

Child Name:	
Medication:	Refrigerate: Yes ☐ No ☐
Instructions:	
Parent/Guardian Signature	Date

Date	Time	Amount Dispensed	Initials

Date	Time	Amount Dispensed	Initials

ANN ANGEL'S In-Home Childcare
About My Child

Child's Name _____

Nickname _____

Personality Traits (Circle all traits that describe your child.)

Happy Shy Leader Stubborn Determined Patient Silly

Outgoing Adventurous Rude Cooperative Clingy Mean

Persistent Active Impatient Considerate Cheerful Bossy

Wild Fidgety Advanced Affectionate Quiet Kind

Favorite Activities

Favorite thing to do indoors: _____

Favorite thing to do outdoors: _____

Does he/she like to read: Yes ____ No ____

Does he/she like to make crafts: Yes ____ No ____

Does he/she like to be outdoors: Yes ____ No ____

Does he/she play well with other children: Yes ____ No ____

Eating Habits

Favorite food(s): _____

Foods he/she dislikes: _____

What are your mealtime rules at home? i.e.: must try a bit of everything, don't eat if you don't want to etc. _____

_____

Sleep Habits

Normal time to wake in the morning: _____

Normal bedtime: _____

Naptime(s) when home: _____ to _____
_____ to _____

Does he/she sleep with a blanket, doll and/or stuffed animal? _____

Rules/Discipline

Do you reward your child for positive behavior? Yes ____ No ____

Do you discipline your child for negative behavior? Yes ____ No ____

If yes, form of discipline: _____

Daycare History

Has he/she previously been in daycare? Yes ____ No ____

If yes, reason for leaving previous daycare: _____

_____

What did you like about your previous daycare? _____

_____

What did you dislike about your previous daycare? _____

_____

Toilet Training

Is he/she toilet trained? Yes____ No ____

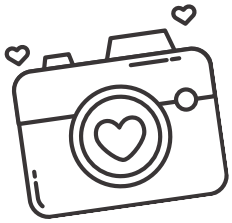
Comments/Concerns

_____

_____

_____

_____



ANN ANGEL'S In-Home Childcare Photo Permission

We often take pictures and/or recordings of the children as we see them having fun and learning. We want you to know that we respect your right to decide for what purposes your child may be photographed and/or recorded. Uses for photos/recordings of the children are for the daycare's bulletin board, an album to show prospective clients, a client newsletter, the daycare's website, etc. Your child will always be identified with first name only, if at all. No photographs/recordings will ever be sold for commercial use. Please complete the section below that gives or declines your permission to photograph or take recordings of your child for various purposes.

I give permission for photographs and/or recordings of my child for the following purposes:

Please Check One	Accept	Decline
Display on bulletin board		
Display on website		
Display in promotional materials		
Display on facebook page		

I understand that if I no longer wish to authorize one or more of the above uses, it is my responsibility to update this form.

*Sometimes it is impossible to keep a particular child out of all pictures. If you have declined permission for your child to be photographed, your signature verifies your understanding that if your child is pictured in a group shot, his/her identity will be hidden by blurring his/her part of the picture in a graphics editing program.

Child Name	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date