

# Parkville Nazarene Christian Daycare

8510 Fowler Avenue  
 Telephone: 410-661-0221  
 daycare@parkvilledaycare.org

Parkville, MD 21234  
 FAX: 410-661-0244  
 www.parkvilledaycare.org

Child	Name:		Office Use:  Class:  Weekly Fee:  Registration Fee:  Social Service:  Comments:
	Date of Birth:	Home Phone:	
	Address:		
Mother	Name:		
	Work Phone:	Home Phone:	
	Email Address:		
	Address (if different):		
Father	Name:		
	Work Phone:	Home Phone:	
	Email Address:		
	Address (if different):		

A \$75.00 non-refundable fee is  
**My child will start on \_\_\_\_\_** ; required for enrollment. \_\_\_\_ initial please

**List the days and hours that you want your child enrolled in daycare in the boxes below.**

Check	Day	Arrival Time	Departure Time
___	Monday		
___	Tuesday		
___	Wednesday		
___	Thursday		
___	Friday		

What school (if any) does your child attend?			Grade: (presently in)	
Are you eligible to receive Social Service Subsidies?		Yes ___	No ___	
Please briefly tell us how were you referred to our daycare?				
Has your child been in daycare before?	Yes ___	No ___	When?	Where?

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The undersigned agrees to enroll child listed on page 1 of this contract, and understands and agrees to the following:

The fees as outlined the policy book. **Payment is due regardless of illness, vacations, holidays, school closings, etc. to reserve a place for your child. Payment is due in advance on Fridays** for the upcoming week. If payment is over one week late, children will not be allowed to attend daycare until payment is made. Tuition will still be charged while child is suspended. **If there is a returned check for non-sufficient funds, we reserve the right to collect them electronically for the face value of the check, plus a \$35 fee.**

All children must be picked up by closing time. A **\$1 per minute after hour fee will be charged in case of late pick-up.**

The daycare is prohibited by State of Maryland regulations from caring for children who are ill. The daycare will not accept children if they have a fever, (100 degrees or more), ear-ache, severe head-ache, persistent coughing, pink eye, a rash, diarrhea, nausea, lice or any other symptoms of acute or contagious illness. Should such symptoms arise while you child is at daycare, you will be notified immediately so that arrangements can be made for the child to be picked up.

The State of Maryland regulations prevent a daycare provider from administering prescription or non-prescription medication without following certain restrictions. Please see the Parent's Handbook for further details.

There will be a two-week notice in writing when there is a change of schedule or the child is being removed from the daycare. Payment may be made for the two weeks in place of the notice. If a two-week notice is not given there will be a charge of two weeks. Part-time children cannot change scheduled days without paying for the extra day(s).

I acknowledge that I have read the Parent Handbook and agree to follow the policies outlined in the Handbook.

➡ Mother (guardian) Initials

➡ Father (guardian) Initials

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## EMERGENCY MEDICAL RELEASE

This information will be kept in your child's folder and will be used only in an emergency. The daycare staff will contact a parent in case of any emergency.

My child has the following allergies:

My child is on special long term medication: (list)

**My child is covered by the following Medical Insurance**

Name of Company:

Policy #:

Name of Policy Holder:

**In case of emergency I give this daycare permission to take my child to the nearest Hospital.**

Hospital Preference:

Name of child's physician and phone #:

I agree to pay the medical fees if my child must receive medical care:



Mother (guardian) Initials

Father (guardian) Initials

## Permission for Trips

I give my consent for this daycare facility to take my child on walking trips in neighborhood, special excursions to places of interest, to the library, and to public park facilities, with the understanding that such trips are under the supervision of authorized personnel of the daycare; and that all possible precautions are taken to insure the health and safety of my child. ***I understand that I will be notified of any trip requiring transportation of my child; and that I must sign a specific trip permission form for such an event.***



Mother (guardian) Initials

Father (guardian) Initials

I acknowledge that I have read and understand all 3 pages of this enrollment contract. I also have received the Parent Handbook and agree to follow the policies outlined in the Handbook.



Signature of Mother (guardian)

Date



Signature of Father (guardian)

Date