



# Sunshine and Rainbows

Child Care Center  
945 South Forks Ave, Forks, WA

Child Development Center  
947 South Forks Ave, Forks WA

## Child Care Financial Agreement

Child's Name:	First	Middle	Last		
Parent/ Guardian Name:					
Parent/ Guardian Name:					
Days and times my child will receive care:					
Check days of care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time					
Departure Time					
Fee (per attached schedule):	<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day <input type="checkbox"/> Before/After School/hourly <input type="checkbox"/> Before/After School/Slot				
	<b>Payments are due when billed. Children will not be able to attend if accounts are delinquent. Payment arrangements may be made by contacting Linda Carroll in our business office.</b>				
<b>Other fees:</b>					
Registration fee \$25.00					
Late Pick-up Fee: \$10.00 per 15 minute interval; 5 minute grace period					
(5-10 minutes late=\$10.00; 15-30 minutes late=\$20.00; 30-45 minutes late=\$30.00; 45-60 minutes late=\$40.00...)					
<i>I agree to promptly notify Sunshine and Rainbows Child Care Center/ Sunshine and Rainbows Child Development Center if there are any changes in the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</i>					
<i>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by _____.</i>					
Parent or Guardian Signature	Date	Parent or Guardian Signature	Date		
<i>I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to the above information.</i>					
Program Supervisor Signature				Date	



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<b>Child Care Registration Form</b>			Date Child Entered Care:	Date Child left care:
My child will attend: <input type="checkbox"/> Sunshine and Rainbows Child Care Center <input type="checkbox"/> Sunshine and Rainbows Child Development Center <input type="checkbox"/> Both				
Child's Name:    First                    Middle                    Last			Name (nickname) used:	Birthdate: ____/____/____
Child's parent/guardian name	Home phone number (   )	Cell phone number (   )	Alternate/work phone number (   )	
Street Address:			City	Zip Code
Mailing Address:			City	Zip Code
Address where you can be reached while your child is in care			City	Zip Code
Child's parent/guardian name	Home phone number (   )	Cell phone number (   )	Alternate/work phone number (   )	
Street Address:			City	Zip Code
Address where you can be reached while your child is in care			City	Zip Code
<b>Other than you, who else has permission to pick up your child?</b>				
Name		Address		Telephone Numbers
Name:				Home:
Relationship:				Cell:
				Alternative:
Name:				Home:
Relationship:				Cell:
				Alternative:
Name:				Home:
Relationship:				Cell:
				Alternative:



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**In case of emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.**

**Parent/Guardian signature: \_\_\_\_\_**

Name:		Home:	Name:	
Relationship:		Cell:	Relationship:	
Name:		Home:	Name:	
Relationship:		Cell:	Relationship:	
Name:		Home:	Name:	
Relationship:		Cell:	Relationship:	
Name:		Home:	Name:	
Relationship:		Cell:	Relationship:	
Name:		Home:	Name:	
Relationship:		Cell:	Relationship:	
Name:		Home:	Name:	
Relationship:		Cell:	Relationship:	

**Who does not have permission to pick up your child?**

Name	Reason

**Child's Health Information**

Date of child's last physical exam	Child's Health Care provider	Telephone Number ( )
Street Address	City	Zip Code
Special health problems? Please specify.	Allergies, including drug reactions? Please specify.	
Regular medications?	Other important information.	
Child's dentist	Telephone number: ( )	
Street Address	City	Zip Code

**Child's Medical Insurance Coverage**

Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name



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## Consent to medical care and treatment of minor children

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by qualified staff of Sunshine and Rainbows Child Care Center and/or Sunshine and Rainbows Child Development Center or its parent organization, Concerned Citizens.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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## About My Child

	Name	Age	Relationship
Other children in the home			

Please list any fears, likes, or dislikes your child may have that might help us to know him/her better.

My child likes...	My child doesn't like...	My child gets upset when...	My child becomes scared when...
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When my child is not feeling well, he/she will...

- My child takes frequent naps during the day.
- My child usually takes a nap for \_\_\_\_\_ minutes every day.
- My child does not take naps.



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Has your child had any previous group experiences? (Such as co-ops, Sunday School, family home child care...)  YES  NO

What was your child's experience?

What methods of discipline are used at home?

Is your child fully toilet trained?  YES  NO

Does your child require a diaper at nap time?  YES  NO

Does your child require assistance with toileting?  YES  NO

Does your child have a good appetite?  YES  NO

What are your child's interests and favorite activities?

Is there anything else you would like to tell us about your child?

I attest that all information on this form is true to the best of my knowledge. I further agree to notify Sunshine and Rainbows Child Care Center and/or Sunshine and Rainbows Child Development Center should circumstances change.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



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## Registration Checklist

- Registration Form
- Child Care Agreement
- Facility Orientation  
I have been given a tour of the facilities and have been provided the opportunity to ask, and have answered, questions relating to the care of my child while enrolled at the Center. \_\_\_\_\_
- Parent Handbook  
The Parent Handbook has been explained to me. I have been given a copy for my personal use and reference. \_\_\_\_\_
- Health Care Policy  
The Health Care Policy, approved by Julie Windle, Nurse Consultant for Concerned Citizens, has been explained to me. I understand that I will, at my request, be given a copy of the plan. \_\_\_\_\_
- Disaster Plan  
The Comprehensive Disaster Plan has been explained to me. I understand that I will, at my request, be given a copy of the plan. \_\_\_\_\_
- Field Trip/Walks Permission
- Sunscreen Permission
- Early Achievers
- Photographic Release

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Supervisor

\_\_\_\_\_  
Date



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## Field Trips

At times during the year we may go on field trips. We limit spontaneous trips to within a 2 mile radius of the Center. Center staff will contact me prior to any activity which takes place off campus. Children may be transported in motor vehicles.

Scheduled trips extending more than a 2 mile radius from the Center will require an additional permission slip.

<b>I will allow my child to go on spontaneous field trips with the Center staff.</b>	
Parent/Guardian Signature	Date

## Walks

Occasionally we may go on impromptu walks around the Center and short distances from the center. Center staff will contact me prior to any activity which takes place off campus.

<b>I will allow my child to go on impromptu walking field trips with the Center staff.</b>	
Parent/Guardian Signature	Date

## Sunscreen Permission

State licensing requirements permit childcare facilities to administer sunscreen on children with written and signed permission from the parents/guardians.

<b>I authorize the staff of Sunshine and Rainbows to apply sunscreen on my child.</b>	
Parent/Guardian Signature	Date

## Photographic Release

I hereby give my consent to allow Sunshine & Rainbows to take pictures, both still and video, of my child. These pictures may be displayed at the center, used for publicity or for training. I will make no further claim of whatsoever nature out of or connected with said photographs, films, or tapes.

<b>I authorize the staff of Sunshine and Rainbows to photograph my child.</b>	
Parent/Guardian Signature	Date



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## In-Service Training

The administration of Concerned Citizens believes that providing staff with the most comprehensive and up to date information about Child Care is important to the success of Sunshine and Rainbows Child Care Center and Sunshine and Rainbows Child Development Center. To this end the following training programs are available to staff:

- ❖ **STARS Training**
  - A mandatory 10 hours of continuing training is required annually
- ❖ **Early Achievers**
  - Training in best practices as outlined by the CLASS tool and Environmental Rating Scales will be provided to all staff
- ❖ **First Aid/CPR/BBP/HIV**
  - All staff will be required to maintain current certification. Training will be provided by Concerned Citizens staff at no charge to the employee

Other in-service opportunities will be provided based upon the needs of the program and of the staff.



## Daycare Sign-up Schedule and payment

I have agreed to these days and times (slots) for my child at Sunshine and Rainbows, I understand **that I need to pay when I schedule and the slots I sign up for are non-refundable.**

Name of Child \_\_\_\_\_ Name of Parent \_\_\_\_\_

Month \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Dates					
Time					
Dates					
Time					

**Pay rates:** Half days can only go from 6:30 to 12:30 or 12:00 to 5:30 any other combination is for a full day regardless of hours.

Slot	Infant under 12 mo.	Toddler 1-3	Preschool 4-5	School Age- in school
Half Day	26.00	23.00	21.00	15.00
Full Day	51.00	45.00	41.00	30.00
Annual Registration	25.00	25.00	25.00	25.00

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Charges for this two- week period are figured as followed: **STAFF USE ONLY**

Scheduled days		Charge	Total
Total of half days _____	X	_____	_____
Total of full days _____	X	_____	_____
Registration Fee _____			_____
Total charges			_____

Receipt: Total pd. \_\_\_\_\_

Credit Card \_\_\_\_\_ Last 4 # of card \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Staff Initials \_\_\_\_\_