

**DJ's Christian Daycare/Preschools  
Contract Agreement**

Child's name: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Phone Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency: \_\_\_\_\_

**(Check appropriate boxes to the following)**

**Type of Care Needed**

\_\_\_\_ Full Time(10 hrs per day)      \_\_\_\_ Part-time/3 Days minimum (Potty trained only)

**Child's Age**

\_\_\_\_ Infant (2 & under)      Age \_\_\_\_      Birth date \_\_\_\_\_  
\_\_\_\_ Child (2 & over)      Age \_\_\_\_      Birth date \_\_\_\_\_

**Times and days needed**

\_\_\_\_ Monday thru Friday      Times \_\_\_\_\_  
\_\_\_\_ Part-time      Days needed \_\_\_\_\_      Times \_\_\_\_\_

**Where did you hear about DJ's**

\_\_\_\_ Yellow pages      \_\_\_\_ Friend      \_\_\_\_ Drive by Center      \_\_\_\_ Ad/newspaper  
\_\_\_\_ Other (explain) \_\_\_\_\_

My child is enrolled in the above program and the Bi-Weekly rate for my child will be \$ \_\_\_\_\_

ALL MONIES ARE NON-REFUNDABLE \_\_\_\_\_ (Please Initial)

I have read the financial agreement and understand my responsibility and agree to abide by it. I understand there are no refunds and will abide by my selections above for care needed with the times and dates. If I neglect in any way, I will be responsible for all legal costs incurred.

Parents signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Director \_\_\_\_\_

**DJ'S DAYCARE CENTER  
CARD LOCK SYSTEM**

In order to gain access into our facility, it will be necessary for you to have an access card. This card will be programmed with your personal identification on it and cannot be reprogrammed. Purchasing cards will be required as follows:

ONE CARD	\$15.00
TWO CARDS	\$25.00

PAID \_\_\_\_\_ NUMBER OF CARDS RECEIVED \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**PAST ILLNESSES: CHECK THOSE CHILD HAS HAD AND APPROXIMATE DATE.**

CHICKEN POX \_\_\_ HAY FEVER \_\_\_ WHOOPING COUGH \_\_\_ MEASELS \_\_\_ ASTHMA \_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIABETES \_\_\_ MUMPS \_\_\_ 3 DAY MEASELS(RUEBELA) \_\_\_ RHEUMATIC FEVER \_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

EPILEPSY \_\_\_ POLIOMEYELITE \_\_\_ OTHER \_\_\_  
EXPLAIN: \_\_\_\_\_

DOES YOUR CHILD/CHILDREN HAVE ANY SPECIAL PROBLEMS/FEARS? \_\_\_\_\_  
\_\_\_\_\_

ARE THE PROBLEMS SERIOUS ENOUGH TO RESTRICT YOUR CHILDS/CHILDRENS ACTIVITIES? YES \_\_\_ NO \_\_\_  
EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE,IF ANY,SPECIAL CARE NEEDED: \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD/CHILDREN HAVE FREQUENT COLDS?YES \_\_\_ NO \_\_\_  
HOW MANY IN THE LAST YEAR? \_\_\_\_\_

LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF? \_\_\_\_\_

IS YOUR CHILD/CHILDREN CURRENTLY PRESCRIBED ANY MEDICATIONS?YES \_\_\_ NO \_\_\_

IF YES, WHAT MEDICATION AND WHY? \_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU PLAN TO DO WHEN YOUR CHILD IS SICK? \_\_\_\_\_ ) \_\_\_\_\_

**IN AN EMERGENCY, DJ'S DAYCARE CENTERS HAS MY PERMISSION TO CALL AN AMBULANCE AND HAVE MY CHILD/CHILDREN GO TO THE HOSPITAL IF NEED BE AT MY EXPENSE. YES \_\_\_ NO \_\_\_**

\_\_\_\_\_  
PARENT /GUARDIAN SIGNATURE

**IN AN EMERGENCY, DJ'S DAYCARE CENTERS HAS MY PERMISSION TO GIVE THE TREATING HOSPITAL OR DOCTOR CONSENT TO TREAT MY CHILD/CHILDREN AND TO ADMINISTER MEDICAL AND/OR SURGICAL TREATMENT AND CARE TO INSURE THE SAFETY OF MY CHILD AT MY EXPENSE.**  
YES \_\_\_ NO \_\_\_

IN AN EMERGENCY,MY CHILD MAY RECEIVE FIRST AID. \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**Dear Parents:**

This is a chart of the required immunizations that your child must have received before entering our school. It is against the law to have a child attending who has not been fully and properly immunized. Please make sure your child is current on all immunizations, and bring a copy of his/her shot records on or before the first day of attendance. \* See note below.

Thank You,

DJCCA

	<b>DTP</b>	<b>POLIO</b>	<b>HIB</b>	<b>MEASLES</b>	<b>MUMPS</b>	<b>RUBELLA</b>	<b>Td</b>
<b>2 months</b>	<b>X</b>	<b>X</b>	<b>X</b>				
<b>4 months</b>	<b>X</b>	<b>X</b>	<b>X</b>				
<b>6 months</b>	<b>X</b>		<b>X</b>				
<b>15 months</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
<b>4-6 years</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	
<b>14-16 years</b>							<b>X</b>

\* Note: Different states may have different requirements. You must be fully updated for Nevada requirements or submit a doctor's note specifying type and why shots were not given. It must be on medical letterhead with doctor's name and phone number. As per Health Dept.

\_\_\_\_\_ DJ's Christian Daycare/Preschool will provide breakfast and lunch for my child/children.

I acknowledge that because I have chosen this service, I waive the right to specify what food my child/children will be fed. I have been informed of and accept the menu that DJ's Christian Daycare/Preschool has provided below. I understand that I have the option of feeding my child/children at home. I also understand that breakfast is served between 7:15 and 7:45 am and that my child/children will not be served after 7:45 am sharp. It will be my responsibility to provide food for my child/children in the event there is a temporary or permanent condition which requires special foods. It is at the discretion of DJ's Christian Daycare/Preschool to revoke the breakfast and lunch privileges if it is abused.

\_\_\_\_\_  
**Parent or legal guardian**

\_\_\_\_\_  
**Date**

**Breakfast Menu**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Cold Cereal Milk	Cold Cereal Milk	Cold Cereal Milk	Cold Cereal Milk	Cold Cereal Milk

**Lunch Menu**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Peanut butter & Jelly	Bologna/Ham or Turkey	Peanut butter & Jelly	Bologna/Ham or Turkey	Peanut butter & Jelly
Chips/Fruit/ Juice	Chips/Fruit/ Juice	Chips/Fruit/ Juice	Chips/Fruit/ Juice	Chips/Fruit/ Juice

\_\_\_\_\_ Parents responsibility to bring their breakfast and lunch for my child/children each day. If I choose to bring their breakfast and lunch, it is my responsibility to provide all the necessary items for each meal. Breakfast will be a spoon, bowl, milk, cereal. Lunch will be a cold lunch meal only and I will provide all items such as sandwich, milk or juice etc. (no soda). We cannot warm any food items for breakfast or lunch. I understand that breakfast is served between 7:15 and 7:45 am and that my child/children will not be served after 7:45 am sharp. I will not expect DJ's to provide anything my child will need except an afternoon snack and juice, unless I also provide a snack. If you choose this option, there will be an additional charge of \$2.00 if you fail to provide your child's or children's meals under this agreement.

\_\_\_\_\_  
Parent or guardian

\_\_\_\_\_  
Date

## DJ's Christian Daycare/Preschool Financial Agreement

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1. Tuition is paid every two weeks in advance. This fee that is agreed upon between you and DJ's Christian Daycare/Preschool is also to be paid on the Friday prior to the week your child/children attend. Your payment must reflect the days and times your child/children are registered for. **NOT THE ACTUAL DAYS ATTENDED.** If the tuition has not been paid before the beginning of the week, there will be a late payment fee of \$25.00 for that tuition period. If your payment is not received by the following day, your child/children will not be accepted into the Daycare until your account is satisfied. There is also a \$25.00 returned check fee for all checks returned and only cash will be accepted to satisfy the returned checks.

Tuition will not be refunded for any reason should you decide to withdraw your child/children at any time.

For your convenience in paying for your tuition, we now accept Visa and Master Card. At time of enrollment, we must have a valid credit card or debit card number and permission to use it if all monies owed are not paid. By signing this agreement, you are giving DJ's Christian Daycare/Preschool permission to use your credit card or debit card for non-payment of all monies owed.

Master card / Visa \_\_\_\_\_

2. There are no refunds for days missed due to illness or scheduled holidays. Your space has been reserved for your child/children and staff has been hired accordingly to accommodate DJ's. Days missed for an illness may not be traded for future days. After 6 Mos. Of enrollment, DJ's allows each family 2 weeks vacation time. Formal notice must be given 2 weeks in advance of vacation requested with the proper vacation slips filled out and signed by you.
3. Picking up your child/children after 6:00 pm sharp will incur a late charge of \$1.00 per minute. Repeat abuse of our 6:00 pm pick up time may be cause for suspension or dismissal.
4. A 2 week notification in writing is required when withdrawing your child/children from DJ's Christian Daycare/Preschool. Tuition is due as long as your child/children are registered, whether or not they are in attendance.
5. Parents must sign in and out their child/children each day they attend. There is a 30 day trial period in which DJ's Christian Daycare/Preschool has the option of accepting or withdrawing your child/children from DJ's. You also have 30 days to provide health statement provided by DJ's and signed by a R.N. or Physician. On the first day of attendance, your child/children must be accompanied with current immunization records.

### ALL MONIES ARE NON-REFUNDABLE

\_\_\_\_\_  
Print name of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**MEDICAL AUTHORIZATION FORM**

IN THE EVENT OF AN ACCIDENT OR ILLNESS TO MY CHILD/CHILDREN, I HEREBY GIVE DJ'S CHRISTIAN DAYCARE/PRESCHOOL CENTERS MY PERMISSION TO SECURE ANY NECESSARY MEDICAL ATTENTION AND/OR TREATMENT:

**FROM:DR.**\_\_\_\_\_

**OR TREATMENT FROM:**

**HOSPITAL/CLINIC**\_\_\_\_\_

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

**Permission to Release Information**

(Required By State Child Care Licensing)

Date: \_\_\_\_\_

I understand that from time to time my child \_\_\_\_\_ is in the facility, and the Director may be asked for information regarding my child.

I, \_\_\_\_\_ hereby give my permission to DJ's Christian Daycare/Preschool to release information to **Official Personnel Only**, who identify themselves, such as school, health care personnel, welfare, or government officials.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ do not give permission to release any information on my child/children as set forth in the aforementioned statement. I realize that the bureau of services for childcare has access to my child's/children's records as the licensing agency.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

I am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

**Photo Release Form**

I give permission for my child/children

Name: \_\_\_\_\_

Name: \_\_\_\_\_

To have his/her picture taken by DJ's staff.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

.....  
I do not give my permission for my child/children

Name: \_\_\_\_\_

Name: \_\_\_\_\_

To have his/her picture taken by DJ's staff.

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

**Attention Parents**

**Throughout the year we have special events here at DJ's that we hold for the children that attend our center, and at these events the staff may want to take pictures of such events. Please make sure you sign this release form so our staff will be aware of and respect your choices.**

**DJ'S DAYCARE CENTERS**

**HEALTH STATEMENT**

(DUE BACK IN 30 DAYS)

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENTS/GUARDIAN NAME: \_\_\_\_\_

PARENTS/GUARDIANS ADRESS: \_\_\_\_\_

STATUS OF ABOVE CHILDS HEALTH: \_\_\_\_\_

\_\_\_\_\_

ANY KNOWN CONDITIONS UNDER TREATMENT: \_\_\_\_\_

\_\_\_\_\_

**CHILD IS CAPABLE OF ATTENDING AND ADJUSTING TO ALL PROGRAMS GIVEN  
BY DJ'S DAYCARE/PRESCHOOL CENTERS:**

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(M.D. OR R.N.)

**Authorization for Infant  
Sleep Cots**

Child Care services requires that we have a signed authorization for using sleep cots within a certain age range in our infants room. If your child is 18 months or less you are required to sign the authorization below to allow your child to nap on a sleep cot.

I, \_\_\_\_\_ **authorize** DJ's Christian Daycare/Preschool to utilize a  
sleep cot for my child \_\_\_\_\_ during nap time in the infants room.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

\*\*\*\*\*

I, \_\_\_\_\_ **do not** authorize DJ's Christian Daycare/Preschool to  
utilize a sleep cot for my child \_\_\_\_\_ during nap time in the infants room.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date