

World of Friends Day Care

STATEMENT OF COOPERATION

This contract is between Living Word Academy/World of Friends Day Care and the parents or guardians. It should be read thoroughly and signed by both parents or guardians.

I (we) understand that:

1. The registration fee is non-refundable and must be paid at the time of enrollment.
2. All childcare fees are due in advance each Thursday at noon with no deductions for holidays, absentees, or if daycare closes due to severe weather (tropical storms, hurricanes, tornadoes, or floods). Late fees are \$5.00 per day per child, with the first fee added Thursday at noon.
3. My contract covers only the hours indicated. There will be an additional fee for extended services.
4. This contract is subject to change with a one-week notice from World of Friends.
5. I agree to give a written notice one week in advance in order to withdraw my child.
6. I will properly address any questions and concerns directly to the Director.
7. Due to staffing and scheduling, children will not be received after 10:30am.

I (we) desire that my child be enrolled at World of Friends day care.

I give my child/children permission to take part in all activities (on or off campus) and absolve Living Word Church, Inc. from liability to me or my child for any injury.

ATTENDANCE PLAN

WEEKLY AMOUNT DUE _____ Date.

Signed _____ Signed _____



ALL PARTICIPANTS	
Insurance	\$20.00
Yearly Registration	\$90.00
INFANT CARE—up to 1½ yrs	
Tuition per week (diaper babies)	\$110.00
CHILD CARE—AGES 1½ - 2½	
Tuition per week (not potty trained)	\$105.00
(potty trained)	\$100.00
K3 & UP SUMMER CARE (Activity Fee Included)	\$100.00
AFTER SCHOOL	
After Kindergarten (noon-5:30)	\$60.00
After Kindergarten (noon-3:00)	\$45.00
After School (3:00-5:30)	\$45.00
Delivery to school Pick-up from school	\$5.00
	\$5.00
Change of Contract fee—per change	\$5.00

Fees are to be paid in advance of care.

All contract rates are due by **noon each Thursday** for the following week with no deductions for holidays or absentees. A late fee of \$5 per day per child will be assessed on any balance due.

We reserve the right to refuse care for families whose financial obligations have not been met.

Your contract rates covers only the hours indicated. Due to staffing and scheduling, children will not be received after 10:30am.

There will be an additional fee for extended services. A late fee of \$5.00 will be assessed for every 10 minutes past contract time.

Rates include after school snack. Parents must provide a lunch.



Proposed Date of Admission

(Please print in blue or black ink)

Child's Full Name:

Child goes by what name:

SSN:

Home Address:

City:

State:

Zip:

Date of Birth:

Age:

Home Phone:

Parents or Guardian:

Father's Employer: _

Phone:

Father's Cell Phone:

Pager:

Mother's Employer: _

Phone:

Mother's Cell Phone:

Pager:

In case of emergency and parent/guardian can't be reached, child may be released to:

Name: _____

Phone:

Child may be released to:

Name:

Relation to child:

Name:

Relation to child:

Name:

Relation to child:

CONSENT FOR MEDICAL OR DENTAL CARE

Parent/Guardian

Address City State Zip

HOME PHONE

EMERGENCY PHONE

NAME OF CHILD Include last name if different from parent.

First Name Date of Birth Known Allergies Name, Address & Phone of family physician

Medical Insurance Information

Company _____ Group or Policy Number

The Undersigned acknowledges that they are the parent(s) or legal guardian of the child(ren) named above.

I/We hereby appoint, empower and authorize...

World of Friends Daycare
Living Word Academy
2900 Dawes Rd.
Mobile, AL 36695
(251)633-0033

Person's Appointed

...to consent to any medical or dental treatment or procedure, including but limited to diagnostic tests, x-ray examination, anesthesia, or other treatment or procedure deemed advisable by hospital staff. If circumstances permit, Dr. _____ (Family Physician) should be consulted in connection with any procedures required.

Signature of Parent/Guardian Date

Notary Public

WORLD OF FRIENDS DAY CARE

CHILD'S MEDICAL REPORT

Child's Name

Date of Birth

Parent's or Guardian's Name

Address _____ Telephone

*Attach Certificate of Immunizations (blue slip) ***

History of Allergies:

I examined this child on (date) _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below:

Date

Physician's Signature

WORLD OF FRIENDS DAYCARE

Child's Doctor: _____ Phone:

Does your child have any allergies? _

Special Information: _____

Does your child have any habits:

Is your child on medication? If yes, please list:

Parent/Guardian signature: _____ Date:

To be completed by daycare staff:

Date of admission to care:

Date of termination from care:

Contract Rate:

FORM OF AFFIDAVIT
(for Parent/Guardian)

STATE OF ALABAMA
COUNTY OF MOBILE

Before me, a Notary Public in _____ and for said State and County, appeared _____ and is known to me, after being duly sworn or affirmed, says as follows: That affiant, is the parent or legal guardian of the minor child/children _____; that affiant has been notified by _____, a representative of _____ Living Word _____ Church/School, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian Sworn, or affirmed to and subscribed before me this _____ day of _____, 20__

Notary Public