



BerryPatch Kids
 Mount Airy, Md, 21771
 347-743-4510

Family Day Care Admission and Arrangements

Complete one form for each child. This form must be kept on file at the family day care home. The information requested on this form is necessary for proper care of your child. You are not legally required to supply this information; however, failure to do so will make you ineligible to receive family day care services from me. The information requested will be maintained in a private manner and will not be released to anyone other than the licensing consultant without your prior written approval.

Child's Information

Name (First, Middle and Last) _____ D.O.B. ___ Age ___ Date of Enrollment _____
 Address _____ Phone Number _____
 Special Conditions (Special Diet, Special Needs) _____
 Please list any known allergies _____
 Child's typical Schedule _____

My hours of care will be from 6:30 AM to 6:30 PM, Monday through Friday.
 Please circle below the day's your child will be attending.

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

The drop-off time for your child is ___:___ [AM / PM]. The pick-up time for your child is ___:___ [AM / PM].
 (Any parent picking up their child/ren after the designated time will be charged \$5.00 for EVERY 5 minutes past the designated pickup time. This amount will be due at the time you pick up your child/ren).

The regular rate will be \$ _____ per week.
 These rates will be charged regardless of the child's attendance. Payment is due on Friday at the time of pick up for the upcoming week of care

Parent's Information

Mothers Information

Name: _____
 Home Address: _____

 Home Phone: _____
 Employer: _____
 Email: _____
 Work Phone: _____
 Cell Phone: _____

Fathers Information

Name: _____
 Home Address: _____

 Home Phone: _____
 Employer: _____
 Email: _____
 Work Phone: _____
 Cell Phone: _____

Physician Information

The following Physician is authorized to give emergency care to my child. If unavailable, another licensed Physician may treat my child. _____ Yes _____ NO
 Physician's Name: _____ Name of Clinic _____
 Phone Number: _____ Address: _____
 Name of parent's Insurance Company _____ Contract No. _____
 Group No. _____

Dentist Information

The following licensed Dentist is authorized to give emergency care to my child. If unavailable, another licensed Dentist may treat my child. _____yes_____No

Dentist's Name: _____ Name of office _____

Phone Number: _____ Address: _____

Name of Parent's insurance company _____ Contact No. _____

Group No. _____

Emergency Contacts

For the protection of your child and in any emergency situation which may arise, please list below the names, phone numbers and addresses of such persons you hereby authorize to pick up your child from my care in the event you are unable to do so.

Name _____

Relation to Child: _____

Work # _____

Cell# _____

Name _____

Relation to Child: _____

Work # _____

Cell# _____

Name _____

Relation to Child: _____

Work # _____

Cell# _____

Providers Vacation

Daycare will be closed with pay on the following holidays (If a holiday falls on a Saturday I will take Friday off with pay. If a holiday falls on a Sunday I will take Monday off with pay)

~ New Year's Eve

~ New Year's Day

~ Memorial Day

~ Fourth of July

~ Labor Day

~ Thanksgiving and the day after

~ Christmas Eve

~ Christmas Day

Agreement

I/We have read the Day Care policy handbook and contract and will comply with all the provisions contained therein. At this time I/We shall enter into contract with **BerryPatch Kids** for care of above named child with the understanding that we shall work together on the behalf of the child.

This contract is in effect until a change is mutually agreed upon in writing or upon termination of care. Both parties agree to cooperate and accept this agreement as a binding contract.

This contract is subject to review and renewal in January. Any changes made by myself to the terms of the contract must be made on the renewal date unless mutually agreed to before hand by myself, parents or guardians who are parties to this contract. Otherwise, this contract will remain in effect until the renewal date or upon termination of care as set forth herein.

Mother Signature _____ Date _____

Father Signature _____ Date _____

