

Emergency person to call if parents can not be reached to pick up child (minimum of 2 required):

Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Name _____	Phone _____	wk phone _____
<i>Relationship to child</i> _____	<i>company</i> _____	cell phone _____
Comments _____		

SIGNATURE: _____

MY CHILD ATTENDS: _____ Elementary school.
Grade _____ **Teacher** _____

MY CHILD WILL ATTEND: (Please indicate your usual weekly schedule. These days and times may vary.)

Number of days _____					each week
<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>EST. TIME OF (ARRIV/DEPART)</u>
a.m.	a.m.	a.m.	a.m.	a.m.	_____
p.m.	p.m.	p.m.	p.m.	p.m.	_____

FIELDTRIPS: Permission for center sponsored activities outside of the center by walking (including infants in the stroller), car, van or public transportation. For fieldtrips in a car, van, or public transport there will be a separate permission statement.

Restrictions: _____
Parent Signature: _____ Date: _____

PICTURE RELEASE: Authorization to photograph my child while under the care of Frog Hollow.
Parent Signature: _____ Date: _____

Parents must notify the Director in writing of any changes in the child's schedule, no later than noon Wednesday of the preceding week of a schedule change. Parents are required to pay for planned child care. **NO SWITCHING OF DAYS OR HOURS PERMITTED.**

I/We are aware of added charges for transportation and / or other services that may be provided that are not part of your regular program. The parent or legal guardian will be responsible for all bills incurred on behalf of the child.

I understand that tuition is due on the 1st working day of every month or Monday of each week, prior to attending. A \$5 penalty for late payments each week or month. Make checks payable to Frog Hollow.

I understand that I am required to pay the full amount of scheduled childcare regardless of attendance. A **30-day written notice** is required before the withdrawal of any children. I understand and agree with Frog Hollow policies and procedures herein stated and as further described in the handbook.

Signature (Mother/legal guardian) _____ **Date:** _____
Signature (Father/legal guardian) _____ **Date:** _____