



# CHILD CARE Agreement

1234 NE Riddell Road    Bremerton, WA 98310    Office: (360) 373-2116    Fax: (360) 377-0686    www.peacebremerton.org

**Name of Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following is a binding agreement between Peace Lutheran School Child Care and the \_\_\_\_\_ family. A fee will be charged for services used over a month period of hourly increments according to the fee schedule.

The Child Care is open from 6:00am to 6:00pm. There will be a charge of \$1.00 per minute if you are late picking up your child.

I understand state law requires my child be kept home when ill or otherwise unable to participate in all school activities. This means if my child is vomiting, has diarrhea or a fever of 100° or higher, he/she should be kept home for 24 hours after the symptoms subside.

I understand I am enrolling my child, \_\_\_\_\_, for the current school year. He/she will attend:

<input type="checkbox"/> Full-time Mornings & Afternoons	<input type="checkbox"/> Full-time Mornings	<input type="checkbox"/> Full-time Afternoons
<input type="checkbox"/> Part-time Mornings (Please Circle) M T W Th F	<input type="checkbox"/> Part-time Afternoons (Please Circle) M T W Th F	<input type="checkbox"/> Drop-In

I understand the program is open according to the official school calendar of Peace Lutheran School. The Child Care will be closed during Christmas break, Spring break, as well as legal holidays. Child Care is open during the Summer months and is currently licensed for 60 children.

The Child Care shall not release my child to anyone other than myself, or take my child without prior consent from me. Whomever I have listed on my authorized Emergency Contact form can pick up my child from the Child Care after displaying proper identification.

I understand the Child Care is required to notify me if any injuries or accidents involving my child occur.

I expect to be updated concerning my child's development and any changes in the environment that impact the time he/she spends in the center (i.e. staff, schedules, behavior, diet, curriculum or rest changes).

Signed \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian)