

# TLC Pre-kindergarten Tuition Payment Agreement

Child's Name \_\_\_\_\_  
  First  Middle  Last

Mother/Guardian's Name \_\_\_\_\_  
  First  Middle  Last

Father/Guardian's Name \_\_\_\_\_  
  First  Middle  Last

Days receiving care (Circle)                          M      T      W      TH      F

Agreed arrival time \_\_\_\_\_ Pick-up time \_\_\_\_\_

A fee of \_\_\_\_\_ per month is due on (circle your payment schedule):  
  1<sup>st</sup>    or    1<sup>st</sup> and 16<sup>th</sup>

Source of payment:      Parent/Guardian \_\_\_\_\_  
  Other \_\_\_\_\_

**Overtime rate:** I understand that closing time is 5:30 pm. I also understand that I will pay \$1.00 per child, per minute, after my pre-designated pickup time that my child/children remain/s in child care. I will pay this fee at the time I pick-up my child/children.

**Late fee:** I agree to pay a fee of \$40.00 for tuition paid after 10:00am on the day due.

I understand one month written notice must be given upon termination of this agreement by parent/guardian. If I fail to give the required written notice, my child will remain enrolled, and payment will still be required as contracted. Once written notice has been received, my child will continue to be enrolled for the next 30 days, thus I will be responsible for paying the equivalent of one month's tuition. This requirement to pay shall be enforced whether my child remains in care or not.

I understand that I am responsible for the terms of payment as stipulated above.

I also, have read, understand, and agree to comply with the policy and procedures, information for parents.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_

**TLC Pre-kindergarten  
Child Care Register**

Date Child Entered Care \_\_\_\_\_ Date Child Left Care \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

First                  Middle                  Last

Address \_\_\_\_\_

Address    City    State    Zip

Father's Name \_\_\_\_\_

Home Phone                  Cell Phone

Address \_\_\_\_\_

Address    City    State    Zip

Employer \_\_\_\_\_

Work Phone

Mother's Name \_\_\_\_\_

Home Phone                  Cell Phone

Address \_\_\_\_\_

Address    City    State    Zip

Employer \_\_\_\_\_

Work Phone

With whom does the child live? \_\_\_\_\_

Siblings \_\_\_\_\_

**Other people to notify in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Other than you, who has permission to pick up your child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

**Who does not have permission to pick up your child:**

Name \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Reason \_\_\_\_\_

## TLC Pre-kindergarten Child's Health Information

Date of last physical exam. \_\_\_\_\_ Tetanus Shot \_\_\_\_\_

Child's Name \_\_\_\_\_

First

Middle

Last

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Address

City

State

Zip

Special health problems \_\_\_\_\_

Regular medications \_\_\_\_\_

Allergies to foods or drugs? \_\_\_\_\_

Other pertinent data \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Address

City

State

Zip

### Medical Insurance

Insurance Company \_\_\_\_\_

Member/Policy Number

Police Holder's Name \_\_\_\_\_

Employer's Number

Insurance Company \_\_\_\_\_

Member/Policy Number

Police Holder's Name \_\_\_\_\_

Employer's Number

**Consent for Medical Care and Treatment of Minor Children**

I hereby give permission that my child, \_\_\_\_\_, maybe given emergency treatment by a qualified person at the TLC Early Learning Center, 14237 73<sup>rd</sup> Ave NE, Kirkland.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



**Permission Authorization**

Child's Name \_\_\_\_\_

First

Middle

Last

Provider's Name \_\_\_\_\_

The provider or assistant has my/our permission to transport my/our child in a motor vehicle to go:

- |  |           |          |
|--|-----------|----------|
| 1. On field trips (including the park) | Yes _____ | No _____ |
| 2. To and from school                  | Yes _____ | No _____ |
| 3. To obtain medical care              | Yes _____ | No _____ |
| 4. On occasional Errands               | Yes _____ | No _____ |
| 5. Gymnastics                          | Yes _____ | No _____ |
| 6. Other (specify below)               | Yes _____ | No _____ |

This permission is granted on condition that the provider complies with provision of WAC 170-296-1250 Transportation.

The provider or assistant has my permission to:

- |  |           |          |
|--|-----------|----------|
| 1. Take my child on walks                                      | Yes _____ | No _____ |
| 2. Take my child on public transportation                      | Yes _____ | No _____ |
| 3. Take my child swimming                                      | Yes _____ | No _____ |
| 4. Take photographs of my child                                | Yes _____ | No _____ |
| 5. Give my telephone number and address to other parents       | Yes _____ | No _____ |
| 6. Post my child's picture on the TLC private Facebook account | Yes _____ | No _____ |
| 7. Post my child's picture on the TLC web site                 | Yes _____ | No _____ |
| 8. Other (specified below)                                     | Yes _____ | No _____ |

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_