

TLC Early Learning Center 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):
1st or 1st and 16th

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 Early Learning Center

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 _____

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

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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 73rd 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 _____