Ladybugs and Bumblebees Education Station, LLC. 2021 Contract

Contract Effective: January 1 – December 31, 2021

Family Information

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian (if not Parents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom is: Married – Divorced – Single – Remarried (Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Dad’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad is: Married – Divorced – Single – Remarried (Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Siblings and Pets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Relatives (*optional)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Information

Allergies and/or Medical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (list all used) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Anything medicated* (including diaper creams) *MUST have a signed Doctor’s Note on file to be used at school.*

Primary Physician: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Dentist: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Challenges, Fears, & Comforts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths & Emerging Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior & Temperament \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Foods & Toys \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usual Eating & Nap Times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diapers, Potty Training, or Potty Trained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cultural Origins (*optional)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Holiday Celebrations (*optional)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escorts and Emergency Contacts

List 3 people *(other than parents)* who are authorized to Transport and/or be an Emergency Contact for your child.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Circle*: Transport Emergency Contact

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Circle*: Transport Emergency Contact

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Circle*: Transport Emergency Contact

Please park only in front of 1102 Napoleon and do not block the neighbors parking. Also, please be sure children and adults are quiet when entering and leaving school – especially early in the morning - not everyone works early mornings, or regular schedules.

Permissions

First Aid: I consent to have my child receive first aid by facility staff and, if necessary, be transported to

receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact persons listed in this contract to act upon my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preventatives: New and Un-opened Preventative items must be provided by Parents.

Check each item that may be used for your child

\_\_\_\_\_ Diaper Wipes \_\_\_\_\_ Baby Powder \_\_\_\_\_ A&D Ointment \_\_\_\_\_ Lotion

\_\_\_\_\_ Sunscreen \_\_\_\_\_ May use LBES General Supply if they run out before their item is replaced.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*L.B.E.S. Contract Page 3*

Activities

Children in our program will: 1) take walks around the neighborhood and to local parks, 2) play on playground equipment and use riding toys, 3) participate in science experiments, and 4) other activities deemed appropriate by the owner.

Clients give their consent to these activities and agree not to hold liable Ladybugs and Bumblebees Education Station (LBES), it’s agents, employees, volunteers, or anyone acting on behalf of LBES, from any liability that results from their child’s use and operations of play equipment, and also agree to hold harmless and indemnify LBES, it’s agents, employees, and volunteers, or anyone acting on behalf of LBES.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation

As part of our educational program, the children go on a variety of field trips away from the childcare home. It is your choice to sign for transportation permission *BUT* - if you do NOT wish your child to be transported by this facility then on the days a field trip is planned you will need to find alternative care for the day or time of the field trip or if we have extra staff available to stay at LBES with your child then an additional cost of $15 per hour will be added to your regular tuition rate. Either way there will be no discount in tuition. Also, if you sign for transportation permission and do not provide your child’s cars seat, then you agree to allow your child to use the provider’s car seats or booster seats.

Please sign below for each item to which you give your consent:

1. Transportation for General Outings: Store… Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Transportation for Field Trips Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media Permission

I consent to the reproduction, use, and distribution of photographs, video and/or voice, or other recorded matter for Ladybugs and Bumblebees Education Station, LLC. of my child including but not limited to use within the Childcare Program, Website, Facebook Page and any other use approved by the owner. I release Ladybugs and Bumblebee’s Education Station, LLC and its nominees from any liability arising out of such use of my child’s photographs or recorded voice or matter.

CONSENT Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECLINE Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference:

I give childcare provider, LBES, permission to give my name and phone number to potential clients as a reference. The phone number I can best be reached at is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*L.B.E.S. Contract Page 4*

Tuition Policy

Ladybugs and Bumblebees has 12 Student “Spots” available and is a year-round facility. Tuition is paid to reserve a spot for a child and is *not* based on whether a child is in attendance. Tuition is due whether or not a child is at school or not at school.

Student Schedule:

Signing IN/OUT - Children must be signed in and out on the Attendance Sheet each day.

Late/Calling OFF - Please call if your child will be late or will be absent.

Absences - Tuition is always due in full except as outlined in the *Tuition Cost* options of your choice.

Schedule Changes - Any variance from your approved schedule must be approved 24 hours prior.

Part Time - Days off CANNOT be substituted.

Please list the schedule you are requesting for your child to attend between the hours of 6:30 a.m. – 5 p.m.

Before choosing your schedule, please keep in mind:

1. The schedule you choose is the schedule that your child will be expected to attend.
2. Drop off and pick up may not vary more than 15 minutes without prior approval.
3. Even if you drop your child off late, they are still expected to be picked up at their normal time.
4. No child may attend for more than *10* hours per day

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mondays: | Time IN | \_\_\_\_\_\_\_\_\_\_ | Time OUT | \_\_\_\_\_\_\_\_\_\_ | Total Hours for Day | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Tuesdays: | Time IN | \_\_\_\_\_\_\_\_\_\_ | Time OUT | \_\_\_\_\_\_\_\_\_\_ | Total Hours for Day | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Wednesdays: | Time IN | \_\_\_\_\_\_\_\_\_\_ | Time OUT | \_\_\_\_\_\_\_\_\_\_ | Total Hours for Day | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Thursdays: | Time IN | \_\_\_\_\_\_\_\_\_\_ | Time OUT | \_\_\_\_\_\_\_\_\_\_ | Total Hours for Day | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Fridays: | Time IN | \_\_\_\_\_\_\_\_\_\_ | Time OUT | \_\_\_\_\_\_\_\_\_\_ | Total Hours for Day | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
|  |  |  | Total Hours Each Week: | | | \_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | | |  |

Payments are due Fridays by 5 p.m. for the *following week* of care even if a child does not attend on Friday. *If we are closed on Friday, then Tuition is due on the last day of that week that we are open.* A Late Payment fee of $10 will be attended to all accounts with a balance (of any kind) on Fridays at 5 p.m.

If you choose to reserve a spot it is for the entire year *including* summer. Tuition is due-in-full for all 52 weeks of the year for all students except as outlined the *Tuition Cost option of your choice.*

Tuition is as stated in your choice of *Tuition Options*. No exceptions. No questions. It is due every week or can be paid ahead.

Child Care Development Fund (CCDF) Clients

CCDF Clients are responsible for paying the full amount of Tuition and Fees if the government agency does not pay the provider for *ANY REASON*. All other policies, fees, deposit, etc. as stated previously in this contract apply to CCDF patrons in the same manner as others. *CCDF* clients may only schedule up to as many hours as are listed on their Child Care Voucher.

Tuition (Weekly Family Co-pay) = Tuition Rate + any incurred Fees – CCDF Weekly Subsidy

*L.B.E.S. Contract Page 5*

Tuition Costs

There are two options this year – you must choose one. The two options CANNOT be combined

OPTION 1:

|  |  |  |
| --- | --- | --- |
| Infants | 0-12 months | Weekly Tuition = $200 |
| Walking | Consistent-stable-independent walking with the ability to go up and down stairs with minimal help. | Weekly Tuition = $180 |
| Potty Trained | Wearing underwear only without accidents AND with the ability to independently use the toilet. | Weekly Tuition = $160 |

Pay the normal weekly tuition rate as determined by the student’s regular schedule and receive 3 *weeks* of tuition free vacation to use at your discretion if a two-week WRITTEN notice is submitted AND the student is absent Monday-Friday of a given week. In the case of illness, a *doctor’s note* will take the place of the two-week written notice.

Families with siblings who *both* attend full time will receive a $10 off per week discount.

NO other discounts for absences apply and all conditions must be met to receive the vacation benefit.

Option 2:

|  |  |  |
| --- | --- | --- |
| Infants | 0-12 Months | Daily Tuition = $43 |
| Walking | Consistent-stable-independent walking with the ability to go up and down stairs with minimal help. | Daily Tuition = $39 |
| Potty Trained | Wearing underwear only without accidents AND with the ability to independently use the toilet. | Daily Tuition = $35 |

Pay the daily rate each week for each scheduled day of attendance and receive the benefit of paying for a minimum of two days for each week your child attends less than their scheduled days. If your child attends more than two days of that week then the Daily Tuition rate will be added for each additional day. A two-week WRITTEN notice must be submitted. In the case of illness, a *doctor’s note* will take the place of the two-week written notice.

NO other discounts for absences apply and all conditions must be met.

Please indicate your choice of tuition options. You must choose Option 1 or 2. Each option has separate benefits and they may not be combined.

Option 1 – Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Option 2 – Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of a *National Emergency* every effort will be made to obtain grant funding to cover tuition. However, if funding is not available then families will be responsible to pay tuition at their regular rate as outlined in your *Tuition Cost* option. If a major financial change occurs in any family then documentation of wage changes, etc. may be submitted for scholarship consideration during National Emergencies ONLY.

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Fees

In addition to tuition the following fees may apply…

|  |  |  |
| --- | --- | --- |
| Type | When | Amount |
| Registration | Upon enrollment – due with contract | $50 |
| Supply Fee | Upon enrollment & Yearly – due with contract | $50 |
| Deposit | Due within 6 months of enrollment | $300 Deposit |
| Late Payment | Tuition is not paid by 5 p.m. on Fridays | $10 each occurrence |
| Late Pick up | Pick up after 5:00 OR ½ hour past scheduled pick-up time | $1 *per* minute |
| Over Hours | Attendance exceeds 10 hours in a day | $1 *per* minute |
| Staffing Fee | Additional staff is needed to care for a child | $15 per hour |
| Returned Check | A check is returned by a bank for insufficient funds | $35 per occurrence |

Tuition charges are based on scheduled attendance *plus* any incurred Fees.

Closings

Holiday and Break Closings:

|  |  |  |  |
| --- | --- | --- | --- |
| Month | Date | Holiday | Day of the Week |
|  |  |  |  |
| January | January 1, 2021 | New Year’s Day | Friday |
| April | April 2 & 5, 2021 | Easter Break | Friday & Monday |
| May | May 31, 2021 | Memorial Day | Monday |
| June/July | June 28 – July 2, 2021 | Staff Vacation | Monday-Friday |
| July | July 5, 2021 | Independence Day Observed | Monday |
| September | September 6, 2021 | Labor Day | Monday |
| November | November 24 - 26, 2021 | Thanksgiving Break | Wednesday - Friday |
| December | December 20-24, 2021 | Christmas Break | Monday - Friday |
| December | December 31, 2021 | New Year’s Day Observed | Friday |

Emergency Closings:

Weather closings are rare but if there is a weather related closing each family will be notified by phone.

Substitute teachers will cover for staff in the case of illness or injury.

Emergency pick up (in case the building must be evacuated) will be at Tower Park or Valparaiso Community Schools Bus Barn (across the street from the LBES). Janet’s cell phone number is 219-263-3204.

In the event of a power outage children will be sent home asap and childcare cannot resume until power is restored.

Teaching Self Help Skills

Children (except infants, of course) need to be able to at least *start* the process of getting themselves ready to go outside and of taking their outside items off and putting them in their own cubby. This means putting their arms in their coats on their own, putting their hats and gloves on, and putting their shoes or boots on. With twelve kids, it takes almost a half an hour in the winter months to get kids ready to go outside and then again, another half hour when we get back inside to take everything off and get it put back in their lockers. This severely limits the amount of time we have available to spend outside and for other activities. Kids are going to need help and we are aware of that fact. However, the children need to be able to actively help and actively try to get themselves ready. Please encourage independence in these areas and teach your children how to put on their own things and take them off. We know it takes time that you generally do not have either, but it really helps our group environment to go more smoothly and maximizes our use of time.

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Supplies

Weather Appropriate Supplies:

***Please label all items with your child’s name in permanent marker on the tags of each item!***

To LEAVE at school for WINTER children must have:

1) Warm. waterproof, WINTER boots - *that they can WALK and RUN in* - not dress boots

2) Warm, winter socks – 3 pairs

To LEAVE at school for SUMMER children must have…

1) a swimsuit

2) a towel

3) Water shoes or waterproof sandals (not flip flops)

4) a Waterproof (not disposable, plastic shopping) bag with the child’s name on OUTSIDE

(a soft-sided insulated cooler bag works well or a vinyl lined tote bag)

Student Supply Fee: A $50 supply fee will be due *WITH THIS CONTRACT* for each child.

Preschool/Pre-K Supplies: A list will be given when your child is accepted into our Preschool or Pre-K Programs.

Clothing and Footwear

Appropriate clothing: We get messy so please do not send your child(ren) in clothes or shoes that you do

not want to get dirty. If you are going somewhere directly from LBES and your child(ren) need to be clean and tidy, then please bring a change of clothes/shoes with you at pick up and leave extra time for you to change them.

Appropriate Footwear: Light up shoes are cool and fun for your child, however they are not appropriate for

naptime, circle time, etc. Please try to avoid wearing light up shoes or other blingy

shoes that may distract your child or others. Also, if you send your child in dressy shoes or boots, please be sure to bring tennis shoes for your child as we run every day.

Extra clothes: ALL children (even school age) will need an extra set of clothes left at LBES.

Sometimes we have impromptu activities that are messy or wet. Please make sure that your child always has a weather appropriate set of extra clothes (in the right size) at LBES and that includes socks and underwear (if they are potty-trained).

Handwashing at LBES

Children are required to wash their hands before eating and after eating. The children must not touch anything on their way to the table or during their meal other than their food or utensils. Children may not share food with other children or touch other children’s plates. Children must sit at the table and are not be allowed to wander around with food or drinks or get up and down from the table.

Handwashing means using warm (running) water and soap, washing all sides of hands (tops, bottoms, and all over including under nails) creating a lather for 20 seconds, rinsing hands thoroughly in warm (running) water, tearing off *one* paper towel, drying hands with a paper towel, turning off the faucets using a paper towel, and throwing the paper towel away without touching the trash can (we have automated cans) or anything else.

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Food Policy

LBES participates in the Child and Adult Federal Food Program (CACFP) which provides guidelines for serving healthy meals & snacks. Outside food is not permitted. *Birthday treats and special requests for projects are the exception* – but the items brought in for these activities must be store bought and in their original, un-opened packaging.

**No food or drink (even bottles) may be brought into LBES that a child has started eating or drinking.**

Meals are served at the following times:

Breakfast 7:00 (***children must be* checked in *by 7:20 to be served breakfast***)

Snack – a.m. 9:00

Lunch 11:30

Snack – p.m. 2:30

Meals and snacks are often prepared ahead of time. If your child will not be here for a meal that they normally eat here please let us know by 7:00 a.m. of that day. If you are running late for Breakfast and will not arrive ***and*** have your child checked in ***and*** ready to eat by 7:20 then they will not be served breakfast and will need to be fed before arriving at LBES ***EVEN*** if you call.

Discipline Policy

Please help us teach children good social skills. In a group setting it is imperative that each family be aware of what is expected and help us by reminding and teaching children appropriate behavior and language. We will not allow hitting, biting, pinching, throwing toys, etc. for any reason and to and/or against anyone! This includes children hitting their parents, bossing, and/or yelling at their parents. Children watch each other and pick up many behaviors from one another therefore it is imperative that we all teach children to respect everyone.

We will also not tolerate children talking down to teachers and/or visitors and/or other parents and/or ANY other adult or child we interact with at LBES or any place we visit. It is very important that children learn to speak appropriately to adults and not be rude and/or disrespectful.

There is no spanking or other form of corporal punishment allowed at Ladybugs and Bumblebees by staff or parents - if you are going to spank your child(ren) you must remove them from the premises (this includes the driveway). Please refrain from yelling and using profane or foul language.

It is important as well that child(ren) learn to respect themselves, others, and property. Intentional destruction of facility property will not be tolerated. Normal wear-and-tear is to be expected but if your child(ren) is/are intentionally destructive you will be asked to replace or bear the cost of repair of the damaged item. If you are unable to accommodate this request, then we will need to work together to find an alternative solution.

Accident Policy

Every effort will be made to prevent accidents from happening. In case of an emergency, every effort will be made to contact a parent or escort as soon as possible. Accident Reports will be filled out for any injury and a state form will be filled out and filed for any accident that requires medical treatment. Incident reports will be filled out for any child causing harm to another or behaving inappropriately. Accident and Incident Reports will require a parent or guardian’s signature and will be kept in your child’s file. Confidentiality is a must, and we will not reveal who hurt who or who said what.

*L.B.E.S. Contract Page 9*

Alcohol, Tobacco, and Drug Policy

The use of ALCOHOL, TOBACCO, OR ANY POTENTIALLY TOXIC SUBSTANCE (used for purposes other than those intended by the manufacturer) is prohibited in this facility or on the premises. Therefore, parents, staff, and family members must dispose of tobacco products in an appropriate receptacle prior to entering the driveway. Smoking is prohibited by law within 8 feet of any public entrance to this childcare home. Any person failing to comply with the policy will *forfeit their child’s spot at the facility and/or their job (whichever applies)*.

All childcare staff, volunteers, and family members present in the facility must refrain from using or possessing illegal substances while providing care to children and during hours of operation. Any person suspected of non-compliance with this policy will *be immediately terminated from employment and/or be required to leave the premises (whichever applies)*. All staff must pass a drug screen before beginning employment and at any other time requested while employed with LBES.

Any person who appears intoxicated or otherwise impaired, and who arrives to pick up a child or children from these premises, will be asked to call someone else who can provide safe transport. Non-compliance with this policy will result in our contacting the appropriate authorities for assistance.

Behavioral Policy

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| If behavioral problems that are above ordinary, normal misbehavior expected for the child’s age and/or developmental stage occur then the following steps will be taken:   1. *Behavior Log* – a daily log of a child’s behavioral issues will be kept for up to one month and discussed daily. It will require a Parent’s Signature for EACH ISSUE a child has each day.   Remember – if a child’s behavior causes an inability to provide quality care then they will have to be picked up and remain out of school the rest of the day. We understand the hardship this causes for families; however, other parents are paying for quality care and it is unfair to them and their child(ren) if we cannot provide this due to another child’s behavioral issues. We will make every effort to keep children in school and parents at work, but we must balance the needs and tolerance of staff, the comfort and needs of the other children, and the expectations promised to all families.   1. *Behavior Conferences* – if a child’s behavior does not change after one month then a conference will be held. We will discuss what measures can be taken to help your child learn to change their behavior. 2. *Outside Help* - if we cannot remedy the situation on our own, we may ask for “First Steps” or another agency that provides help and support for LBES, children, and families to come and evaluate your child. 3. *Alternative Schedule* - If none of the above measures cause a significant change in a child’s behavior then a part time schedule may be offered until a significant change in a child’s behavioral issues occurs. |

1. *Alternative Care* – If after six months of being on an Alternative Schedule does not cause significant changes in a child’s behavior then Parents may be asked to find alternative care for their child. Every effort will be made to prevent this from happening, however, it requires cooperation and consistency between school and home. If a child learns to cooperate at school and alter their behavior but then they go home and the expectations of behavior at home are not consistent with those at school, then the child will most likely not succeed in a long-term behavioral change.

These procedures will be altered as needed for children with diagnosed special needs that have an Individualized Education Program (IEP) in place provided we have a copy of their IEP on file AND have access to communicate with others working with the child.

*L.B.E.S. Contract Page 10*

Resources for behavioral issues: First Steps (up to age 3) or SELF School (after 3)

[www.challengingbehavior.org](http://www.challengingbehavior.org) [www.empoweringparents.com](http://www.empoweringparents.com)

[www.consciousdiscipline.com](http://www.consciousdiscipline.com)

Field Trips: If a child’s behavioral issues cause the need for them to be stay at LBES during a Field Trip and/or

require extra staff to attend a Field Trip, then an additional charge of $15 per hour will be *added* to your regular tuition and fees.

If a child’s behavior, *at any time* and *for whatever reason*, causes a significant disruption to our learning environment and/or quality of care then parents will be required to pick up their child.

This also applies to ill children even if they do not have a temperature or other symptoms that mandate removal.

*Staff* will retain the right to decide if a child is able to participate in and/or tolerate our daily activities. There will be no reduction in tuition if your child is sent home or not allowed to attend for any reason.

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| A Note about Screaming -  We cannot provide a quality learning environment when children consistently scream when they don’t get their own way, consistently throw fits when asked to do age-appropriate self-help skills, etc. If your child screams and throws fits consistently and repetitively, please be aware that they will be sent home if the behavior is consistently disruptive and excessive. |

Transitions

Please help your child transition smoothly into our group environment. Consistency and routine are two things that help children feel safe and secure. As much consistency between home and school as possible will make it easier for your child while you are away.

Some of our transitional milestone periods that we could use your help with the most are with…

**Pacifiers** – Children only have pacifiers at LBES during nap time and only until 2 years of age.

At home, please try to limit the amount of time spent with pacifiers to sleeping times.

**Sippy cups** - Infants are transitioned to sippy cups at the age of 1.

At home, please practice drinking out of sippy cups with your older infant so that by age 1

they are ready to use only a sippy cup at school.

**Regular cups** – At age 2 children are transitioned to regular drinking cups.

At home, please practice drinking out of regular cups with your child so that by age 2 they

are ready to use only a regular cup at school.

Important Regulations from State or Accreditation Agencies

Kids must wash their hands upon arrival, after playing outside, before AND after eating, after using the toilet/blowing nose, etc.

Kids under 6 years of age may not wear necklaces unless they are easily broken. Kids may not wear drawstring clothing around neck.

Kids must be signed IN and OUT each day by a parent or guardian.

*L.B.E.S. Contract Page 11*

Toddlers

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| According to State Licensing, children under Age 2 must sleep in a crib unless we have a waiver and parent’s permission. We received our waiver from the State of Indiana and are giving you the opportunity to choose whether it’s OK for your toddler to sleep on a nap mat. Please sign below if you give permission for your toddler to sleep on a nap mat.  *Parent Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Potty Training:

At about age 2 ½ or when a child shows signs that they are ready we start the process of potty-training.

We ***do not use pull-ups*** at LBES. Once your child understands and can go to the bathroom on the toilet, you will be asked to bring underwear – lots of underwear and several extra sets of clothes and socks. During the potty-training process your child will be in underwear throughout most of the day and will only wear diapers during walks or nap time. LBES has found that this is the quickest and best way to potty-train most children.

At home: 1) Please start the process of potty training when your child shows signs that they are ready

and/or by 2 ½ years old so that hopefully by 3 they are successful.

2) Please try to keep children in underwear during the potty-training process as much as

possible.

3) Please work with your child on pulling up and down their own pants and underwear, wiping their own bottoms, getting on and off the toilet, and turning on and off the water, using soap and lathering hands for 20 seconds washing all parts of their hands (nails, top and bottom of hands, in between fingers and all the way to their wrists).

*Please make sure that children wear clothes that are not too tight and that they can pull up and down on their own easily!*

Preschool and Pre-K Programs

All students (including infants) participate in our daily learning activities. We provide experiences in all the foundational areas related to getting ready for Kindergarten – math, science, literacy, social studies, science, etc.…as well as social and emotional.

Our Preschool and Pre-K Programs are in addition to our regular activities and will be made available when a child is ready to participate which may not be at a specific age. There is no additional cost for the classes BUT supplies will need to be purchased on a yearly basis (or when needed) that are in addition to the supply fee charged to all families at LBES.

Preschool Program: Once children are potty trained, can recognize some letters, can recognize

some numbers, can form some letters, can form some numbers, can say their alphabet,

and are ready to focus their attention in a small group then they will be invited to join our

Preschool Program.

Pre-K Program: Once children are are potty trained, can recognize some letters, can

recognize some numbers, can form some letters, can form some numbers, can say their alphabet, can count to 25, are able to answer basic questions, are able to focus their attention in a small group, and are ready for a shortened nap time then they will be invited to join our Pre-K Program.

Pre-K is from 12:00 – 2:30 during which time children learn vocabulary, spelling, reading and/or listening to chapter books as a group. They will also work on improving drawing/coloring, practice writing on Kindergarten lined paper, do more difficult lesson activities that tie into our regular program, learn more in depth about time and money, and practice reading comprehension, etc. We do small group, large group, and independent activities during this time. Pre-K time is a Pre-Kindergarten Program where we focus specifically on preparing children for Kindergarten work and activities. The children will have a shortened nap/rest time from 2:30-3:30 daily during which time the other children will have a special group time of their own.

*L.B.E.S. Contract Page 12*

Infants

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

Our written policy is as follows: All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for a *medical* reason and a written note from the infant's health professional is provided. Infants will not sleep on water beds, sofas, soft mattresses, or other soft surfaces. Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys and loose bedding will not be placed in Infants' sleep environments. Infants will not share a safety-approved crib with other children. Infants will remain lightly clothed and comfortable while sleeping. Supervised "tummy time" will be observed while infants are awake. No smoking will be allowed in Infants sleep environment.

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| Infants who cannot turn on their own may use a bassinet only with parent’s permission. Please sign below if you give permission for your infant to sleep in a bassinet until such time as your infant can turn on his/her own.  *Parent Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Child and Adult Care Food Program (CACFP):

As part of CACFP we are required to supply one type of infant formula to our clients as well as infant cereal and baby foods.

The formula that we supply is “Parent’s Choice Gentle”. It is available at Walmart.

→ Please *initial* below your preferences for your infant’s food intake:

\_\_\_\_\_ My child will use the “Parent’s Choice Gentle” formula provided by this childcare.

\_\_\_\_\_ I will provide my child’s formula or breast milk.

If formula, the type of formula I will provide is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ My child will use the infant cereal and baby foods provided by this childcare.

\_\_\_\_\_ I will provide my child’s infant cereal and baby foods.

If parents supply filled bottles then the bottles must be labeled with the child’s name, date, and time of preparation (for breast milk also *add* the time expressed – if frozen *add* the date and time frozen – if defrosted *add* the date and time defrosted). Bottles brought to daycare must be sterilized. The nipples must be covered, and unused bottles must be taken home. If breast milk is used - the breast milk must be provided in sterile bottles or bags and must be used within 48 hours of expression (unless frozen). All food items must be labeled with child’s name, date and time of preparation and must be transported in an insulated cooler bag with an ice pack.

*L.B.E.S. Contract Page 13*

Trial Period Client = Parents Provider = LBES

The first *month* of attendance will be an adjustment or trial period. During this month trial period time, either the Client or the Provider may cancel this contract immediately, without written notice. After the trial period, the Client must give a two-week written notice to end this contract. The Provider may terminate this contract at will. The Provider reserves the right to immediately terminate this contract without notice if the client does not pay tuition on time.

Signature of the Parties to the Contract

By signing this Contract, Clients indicate that they have read the Provider’s policies and agree to follow them.

The Provider, Ladybugs and Bumblebees Education Station, LLC (LBES), reserves the right to make changes to policies without notice.

By signing this Contract, Clients indicate that they will read the LBES Parent Handbook and agree to follow any changes or additions that the Provider makes to the Handbook during the course of this contract.

The person signing this Contract is responsible for paying all fees due under this Contract, even if the parents are divorced and/or have joint custody.

A failure to enforce one or more terms of this Contract does not waive the Provider’s right to enforce any other terms of this Contract.

**Childcare spots are not secured until all paperwork, supplies, payments, and/or any other requirements are met.**

Due with Contract: New Families - $50 Registration Fee, $50 Yearly Supply Fee, 1st Week’s Tuition & Paperwork

Continuing Families - $50 Yearly Supply fee and any needed paperwork, etc.

Due within 6 months of enrollment: $300 deposit

→ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contracts will be renewed by December 31st for the following year.

[www.ladybugsandbumblebeeseducationstation.com](http://www.ladybugsandbumblebeeseducationstation.com)

1102 Napoleon Street; Valparaiso, IN 46383

Phone/Fax: (219) 707-5657

Owner: Janet Kissinger

EIN: 27-4291313

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [How to File a Complaint](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410; This institution is an equal opportunity provider.

Updated: 1/7/2021 5:41 PM

Please fill out the following information – these cards will be used in your child’s name tag badge in case of emergency.

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| Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Aid:  I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care.  I will be responsible for all charges not covered by insurance.  I give consent for the emergency contact persons listed in this contract to act upon my behalf until I am available.  I agree to review and update this information whenever a change occurs and at least every 6 months.  Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Escorts and Emergency Contacts  List 3 people (other than parents) who are authorized to Transport and/or be an Emergency Contact for your child.  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transport Permission: Yes/No Emergency Contact: Yes/No  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transport Permission: Yes/No Emergency Contact: Yes/No  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transport Permission: Yes/No Emergency Contact: Yes/No  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |