

CHILD'S NAME:

YEARLY CONTRACT FOR 2022

Childcare Rates Effective May 1, 2022			
	Infant	Toddler	Preschool
Full-time	\$270/week	\$250/week	\$230/week
Part-time	\$65/day	\$60/day	\$55/day

My child will typically attend these hours

Monday _____ a.m. / p.m. to _____ a.m. / p.m.

Tuesday _____ a.m. / p.m. to _____ a.m. / p.m.

Wednesday _____ a.m. / p.m. to _____ a.m. / p.m.

Thursday _____ a.m. / p.m. to _____ a.m. / p.m.

Friday _____ a.m. / p.m. to _____ a.m. / p.m.

Weekly Tuition Amount: _____

Signature:

Mother / Guardian Signature: _____ Date: _____

Father / Guardian Signature: _____ Date: _____

Thank You!

CHILD'S NAME: _____

REGISTRATION INFORMATION:

Admission Date: _____ Dismissal Date: _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____

Mailing Address: _____

Sex: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: (____) _____

Dentist's Name: _____ Phone: (____) _____

Mother / Legal Guardian

First Name: _____ M.I. _____ Last Name: _____

Street Address to include city and zip code:

Mailing Address (if different from physical address):

Name and Address of Employment:

Work Phone: _____ Home / Cell Phone: _____

Email address: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

CHILD'S NAME:

Father / Legal Guardian

First Name: _____ M.I. _____ Last Name: _____

Street Address to include city and zip code:

Mailing Address (if different from physical address):

Name and Address of Employment:

Work Phone: _____ Home / Cell Phone: _____

Email address: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

CHILD'S NAME:

EMERGENCY CONTACTS & AUTHORIZED PICKUP PERSONS:

YOU MAY MAKE ADDITIONAL COPIES OF THIS PAGE IF NEEDED

Emergency Contact #1 (AUTHORIZED PICKUP #1)

(REQUIRED – PERSONS OTHER THAN PARENTS/LEGAL GUARDIAN)

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Emergency Contact #2 (AUTHORIZED PICKUP #2)

(REQUIRED – PERSONS OTHER THAN PARENTS/LEGAL GUARDIAN)

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

AUTHORIZED PICKUP #3

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

AUTHORIZED PICKUP #4

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

CHILD'S NAME: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor's Full Legal Name: _____

Home Address: _____

Date of Birth: _____

Sex: Female Male

Physician's Name and Address of Practice: _____

Physician's Phone: (____) _____

Dentist's Name and Location of Practice: _____

Dentist's Phone: (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Jennifer Frost, owner of Frosty's Learning Academy and employees (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Signed this _____ day of _____, 20____.

Mother / Guardian Signature: _____

Father / Guardian Signature: _____

CHILD'S NAME:

CHILD & FAMILY PERSONAL HISTORY

Child's Full Name _____ Nickname _____

I have _____ brothers & _____ sisters. Their names and ages are:

Has your child been in any other childcare facilities before? Yes _____ No _____

If yes, reason care was terminated: _____

Are there any other adults (other than parents) that live in your household? Yes _____ No _____

Their names, ages, and relation to your child are: _____

Are there any cultural practices or holidays you would like us to know about? Yes _____ No _____

Does your child use any special words to describe his/her needs? Yes _____ No _____

Eating Habits

Does your child have a special diet? No _____ Yes, explain _____

Are there any foods that should not be served to your child? If yes, please list the food and the reason.

CHILD'S NAME: _____

Your child's favorite foods _____

Your child's least favorite foods _____

Can your child eat independently either with silverware or hands? Yes _____ No _____

Does your child require special mealtime equipment? Sippy cup _____ Table Booster Seat _____

Is your child usually hungry at mealtimes? Yes _____ No _____ Between meals? Yes _____ No _____

Does your child have any eating issues that you feel we should know about? Yes _____ No _____

If yes, please describe _____

Sleeping Habits

Will attending childcare interfere with your child's regular sleep schedule? Yes _____ No _____

How so? _____

Does your child take naps? Yes _____ No _____ *If no, skip to next section.*

What does your child require for sleeping? Cot _____ Pillow & Blanket _____

Other _____

Does your child have any problems getting to sleep or staying asleep? If yes, please explain _____

What is your child's mood upon awakening? _____

Health Concerns

What arrangements have you made for the care of your child should he/she become ill while in childcare? _____

Does your child have any known health concerns? Yes _____ No _____

If yes, please describe _____

CHILD'S NAME:

Does your child take any medications on a regular basis? Yes _____ No _____

If yes, list the medication(s), dosage, and how often taken

Are there any hearing or vision problems? Yes _____ No _____

If yes, please describe _____

Does your child have any known allergies? Yes _____ No _____

If yes, please list the allergy and how it manifests _____

How do you handle / treat the allergy? _____

Please write the age your child has had or was positively diagnosed with any of the following illnesses:

Chicken Pox _____

Malaria _____

Hepatitis B _____

Scarlet Fever _____

Measles _____

Mumps _____

Diabetes _____

Hepatitis A _____

COVID-19 _____

Does your child suffer from any of the following on a regular basis?

Nosebleeds _____

Runny nose _____

Fall Allergies _____

Headaches _____

Colds _____

Tonsillitis _____

Sore throats _____

Spring Allergies _____

Earaches / Ear infections _____

Stomachaches _____

Summer Allergies _____

Does your child vomit easily? Yes _____ No _____

Does your child often run high fevers over 100 degrees? Yes _____ No _____

CHILD'S NAME:

Has your child been involved in any serious accidents that continue to impact their life?

No _____ Yes, please describe _____

Social Relationships

Who does the child live with? Mom _____ Dad _____ Both Parents _____ Legal Guardian(s) _____

Is your child adopted? Yes _____ No _____ Does the child know? Yes _____ No _____

Marital Status of Parent(s) / Guardian(s):

Married _____ Dating _____ Separated _____ Divorced _____ Widowed _____ Single Parent _____

If separated, divorced, or widowed, since when? _____

Has your child had experiences playing with other children of varying ages? Yes _____ No _____

Is your child: Friendly _____ Assertive _____ Shy _____ Withdrawn _____ Other: _____

How does your child get along with siblings (if applicable)? _____

How does your child get along with adults? _____

Will your child know any other children at this childcare? Yes _____ No _____

Do you feel your child will adjust easily to the childcare situation? Yes _____ No _____

If no, please explain: _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

How do you reward your child for good behavior and how do they react to that? _____

CHILD'S NAME:

How do you discipline your child for poor behavior and how do they react to that? _____

What is your child afraid of? _____

Favorite toys and activities at home: _____

Does your child like to be read to? No _____ Yes _____ What types: _____

Does child like to listen to music? No _____ Yes _____ What types: _____

Where does your child prefer to play? Indoors _____ Outdoors _____ No preference _____

Has your child had experience with:

Clay _____	Finger Painting _____	Sand / Kinetic Sand _____
Scissors _____	Blocks _____	Liquid Glue _____
Easel Painting _____	Water Play _____	Glue Stick _____

CHILD'S NAME:

Does your child have any habits or other issues you feel we should know? _____

Please check the words that BEST describe your child:

- | | | |
|--------------------|----------------|-----------------|
| Confident _____ | Loving _____ | Loud _____ |
| Secure _____ | Shy _____ | Quiet _____ |
| Responsible _____ | Anxious _____ | Excitable _____ |
| Self-reliant _____ | Follower _____ | Energetic _____ |
| Cooperative _____ | Leader _____ | Bossy _____ |

Are there any other words that best describe your child not on the above list? _____

In what situations does your child typically need the most help or feel least confident? _____

Toilet Habits

Can your child indicate his/her toileting needs at least 90% of the time? Yes _____ No _____

Is your child frightened of the bathroom? Yes _____ No _____

Does your child have toileting accidents? Yes _____ No _____

How does your child react to toileting accidents? _____

Does your child need help with toileting? Yes _____ No _____

If yes, please check off the appropriate items:

- | | | |
|------------------|-------------------------|--------------------------|
| Undressing _____ | Wiping _____ | Getting off toilet _____ |
| Redressing _____ | Getting on toilet _____ | Hand washing _____ |

CHILD'S NAME:

PRIVACY PERMISSION AGREEMENT

Our program's first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant us permission to conduct the following activities. Please initial off each item to which you give your consent, and sign below:

- _____ Placing photos of your child(ren) around our program.
- _____ Giving copies of photos of your child(ren) (group photos) to other families in our care.
- _____ Placing photos of your child(ren) in photo albums for viewing by prospective clients and other families in our care.
- _____ Using photos of your child(ren) in marketing flyers, in newspaper and/or magazine articles.
- _____ Having your child(ren) present in television and/or radio interviews.
- _____ Using photos of your child(ren) on our website or other social media.
- _____ Posting artwork and other crafts that include your child(ren)'s name around our program.

Signature

I, the undersigned, being legal guardian of the child listed above, grant Frosty's Learning Academy the right to use his/her photograph, likeness, video or voice recording with or without his/her name, in the above listed media format(s) and initialed as above. I, hereby, release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Signed this _____ day of _____, 20____.

Mother / Guardian Signature: _____

Father / Guardian Signature: _____

CHILD'S NAME:

OVER-THE-COUNTER MEDICATION AGREEMENT

I give permission to the employees of Frosty's Learning Academy to use the following over the counter or external preparations as needed according to the directions for use on the container. Note: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), we will need a physician's note with the appropriate dosage.

*Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child's name.

* () Acetaminophen/Tylenol

* () Ibuprofen/Motrin

* () Benadryl

* () Baby Wipes

* () Baby Lotion

* () Sunscreen

* () Insect Repellent

() Band-Aids

() Neosporin/First Aid Antibiotic Ointment

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Mother / Guardian Signature: _____

Father / Guardian Signature: _____

CHILD'S NAME: _____

PERMISSION TO USE HIGH-RISK EQUIPMENT AGREEMENT

Child's name: _____

I understand my permission is given with no expiration date and that I may revoke this permission in writing at any time for any reason.

I **DO** give permission for my child to use each of the initialed pieces of equipment listed below while under supervision at Frosty's Learning Academy. If no equipment is initialed this means I do not give permission.

Please initial before each piece of equipment to approve its use.

___ All riding equipment including but not limited to tricycles and wagons

___ Wooden Playhouse with swings, rock climbing wall, and slide

~~~~~  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Mother / Guardian Signature: \_\_\_\_\_

Father / Guardian Signature: \_\_\_\_\_

CHILD'S NAME:

**Kiddie Pool Waiver of Liability**

This Agreement waivers any and all liability of Jennifer and Herbert Frost (hereinafter "Frosty's Learning Academy, LLC"), for any use of kiddie pools on the property.

A non-parent cannot legally sign this waiver for other people's children. It must be signed by a parent/legal guardian for children under 18 years of age.

**PLEASE READ CAREFULLY AND SIGN BELOW**

By signing below, I **DO** give permission for my child to use and play in a kiddie pool under teacher supervision offered by Frosty's Learning Academy.

I hereby agree that the use of and play in kiddie pools is voluntary and at our own risk. As a condition of my child's use of kiddie pools, I, on behalf of myself, my heirs, and assigns any children expressly agree to forever discharge, waive, and release Frosty's Learning Academy, it's owners, management, insurers, and employees from any and all claims, demands, injuries, damages, actions, for all acts of active and passive negligence on the part of the company on account of physical injury, mental anguish, death and/or property damage arising from any accident, loss, damages or injury suffered by child resulting from, connected with or caused by my child's use of the Frosty's Learning Academy kiddie pools.

I agree and confirm, by signing this Agreement, that I am aware that the use of kiddie pools is done so at our own risk. I understand there is no lifeguard on duty during the use of kiddie pools.

~~~~~

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Signed this _____ day of _____, 20__.

Mother / Guardian Signature: _____

Father / Guardian Signature: _____

CHILD'S NAME: _____

PERMISSION TO LEAVE PREMISES

Child's name: _____

I understand my permission is given with no expiration date and that I may revoke this permission in writing at any time for any reason.

I **DO** give permission for my child to leave the Frosty's Learning Academy premises for the following activities. If no activity is initialed this means I do not give permission.

Please initial before each activity to approve which activities your child can leave the premises for.

____ Walk to Earl C. McGraw Elementary school to use their playground during summer vacation.

____ Walk to Erikson's Ice Cream for a treat.

~~~~~  
Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Mother / Guardian Signature: \_\_\_\_\_

Father / Guardian Signature: \_\_\_\_\_

CHILD'S NAME:

## CONTRACT & POLICY AWARENESS SIGNATURE FORM

1. I have completed the following forms as part of my child(ren)'s admittance to childcare and understand that the forms will be maintained by Frosty's Learning Academy, at least 3 years following discontinuation of care.

Forms:

- a) Financial Agreement (Contract)
  - b) Registration
  - c) Emergency Contacts & Non-Guardian Authorized Pick-Up Persons
  - d) Medical Release Authorization Form
  - e) Child & Family Personal History
  - f) Release for Permission to Use Likeness
  - g) Privacy Permission Agreement
  - h) Over-The-Counter Medications Authorization Form
2. All material required by Licensing that guardians be made aware of regarding how Frosty's Learning Academy handles:
    - a) Child guidance practices
    - b) Expulsion and suspension practices
    - c) Management of child illness
    - d) Emergency preparedness for natural disasters and human-caused events, including but not limited to, fire drills
    - e) Release of children to non-custodial caregivers
    - f) Mandated reporting
    - g) Serious injury and child death reporting.

My signature here indicates that I have reviewed/completed each form, the information provided is both current and correct, and that I am aware of the material required by the State as part of Licensing and where I can access it at any time.

---

Mother/Guardian signature

Date

---

Father/Guardian signature

Date