DROP-IN CONTRACT FOR DAYNA'S DAYCARE

Website: www.daynasdaycare.com

301 W. 53 rd St. S. Wichita, KS 67217 This contract good from			e.com@gmail.com
This contract good from Child's Name:	t0	Age:	DOB:
Doctor:			
My child has allergies to:	My child in on medication:		
Will have to sign separate	K.D.H.E. form to b	e able to give your child	medication.
My child like:			
My child dislike s:			
Drop-ins are considered to be an odd da week with a minimum of two hours. Th fee of	e rate for a drop-i	n child is \$p	er hour. Or a flat rate
\$ Not to exceed hours of up time is Please don't be lat notice is preferred for drop-in care.	te I charge a \$1,00	/ your drop in ti per minute past the ab	me is and pick ove times. A 24-hour
It is the parent's responsibility to provid powders/ointments, medication, etc.	e such things as di	apers/pull-ups, change o	or clothes,
Care will include meals, snacks accordin formula, baby foods, cereal this is parer	-	•	•
Payment is due at the time your child is checks. Childcare services will be imme been made, in cash. In addition, from tappointments.	diately halted until	payment in full of fees	and bank charges have
My family daycare is closed on New Yea Day, Thanksgiving Day, Christmas Eve,	•	* ·	•
Child's physical form with shot records, for off premises, playground equipment daycare along with all fees and supplies Drop off care is subject to available spothave available spots. I prefer prior day in	and computer per that are needed to ts on the day of ca	mission must be filled ou o care for your child. re that is needed. Please	ut prior to entering
I/We have read, and do understand and understand that these terms and condit changes in advance.	-		
Parent/Guardian's Signature:		Date:	
Childcare Provider's Signature:		Date:	

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