Child & Parent Child Care Agreement

My World of Smiling Faces Child Care

& Tutoring Center

4516 Maple Rd., Morningside

Suitland, Maryland. 20746

301-568-4516 / 301-806-3500

*topez1372@yahoo.com*

Date:

|  |  |
| --- | --- |
| To:  Client Name: Client Address:Client Phone: |  |
|  |  |

 Program Desired: Hours Needed:

|  |
| --- |
| Child(ren)s Name: Age: D.O.B. \_\_\_/\_\_\_/\_\_\_**Specifications of Your Family** |
| How can I make your life easier?List here please.Special Needs: and or Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application, Registration and Contract fee $100.00 upon appointment For the Amount of $.00 dollars per week. Appointment Date and Time:  |

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #16-138356

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Print/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My World of Smiling Faces Child Care & Tutoring Center

Travel Permission' for Field Trips

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant permission for,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent's or Guardian's name) (Child's name)

My World Of Smiling Faces Child Care Providers and Partners

(Name of child care facility)

To transport my child (ren),

To and From the following events:

|  |  |  |  |
| --- | --- | --- | --- |
| Event Type:  | Grant Permission | Decline permission | Comments |
| \*Door to door School pick-up and drop-off service |  |  |  |
| \*Field Trips |  |  |  |
| \*Nature walks |  |  |  |
| \*Neighborhood walks |  |  |  |
| \*Walks toNeighborhoodbusinesses |  |  |  |
| \*Drive to parks,businesses, museums,swimming,the zootheme parks |  |  |  |
| Suggested Trips |  |  |  |

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above events.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian signature

Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child Application/Release

**No registration in valid unless this form is completed and signed.**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phones: Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street, City, State, Zip

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Release

I, • (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), hereby release and hold harmless My World Tutoring Center (MWTCC) and My Word of Smiling Faces Child Care (MWoSFCC),The Provider, Staff and Volunteers and any and or all of their owners, contractors, from any and all liability for personal injury, death, or loss. Which may arise during or consequent to travel to or from, or participation in any field trips, and agree not to make claims against MWoSFCC or MWTC with the respect to any such injury, death, damage, or loss. I understand, agree and acknowledge that MWTC or MWoSFCC will not be held liable for, or in any way responsible for forces of nature, including, but not limited to, weather, labor disruptions, war, terrorism, acts of government regulation, facility breakdowns, injuries during play time or other activity, or any similar unforeseen event which may postpone or prevent my participation in any field trips or in the program as is. If any such unforeseen event prevents my partial or full attendance in the program, I understand, agree, and acknowledge that I will not be entitled to a refund. However, I will be entitled to attend the next session of the program. I also hereby allow my name, photographs or video images to be used in any present or future publications, broadcasts, or promotions by MWTC or MWoSFCC or its assigns, although not for any other purpose, for no compensation, and MWTC or MWoSFCC may edit and' process such for use, in whole or in part, in any medium, at its sole discretion.

I acknowledge I have received a copy of, release application and I understand, and will abide by the terms and conditions" of the set contract and its policies of MWTC or MWoSFCC. I understand that all changes, amendments, updates, and additions, updates of any kind will be posted in the monthly memo or newsletter. Failure to read set memos or newsletters does not exempt you from your contract obligations or agreements.

I also acknowledge that in any event that if my child is in an accident I do not hold the owner, provider, staff, or volunteer of the center solely responsible for any such injury, death or loss while in their care on or off the property and other.

\_\_\_\_\_\_ [Parent or Guardian initials]

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