## Foothills Early Learning Center

## 2019 Enrollment Contract

Child's Name: DOB:					
*****	*****	********* <u> Arrival</u>	******** <u>Departure</u>	******	*****
Start Date: _	· · · · · · · · · · · · · · · · · · ·				
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off	,	,	,	,	,
Pick UP					
*Please see Parent Ha	ndbook for policy o	n late pick up (after	closing).	<u>l</u>	
*****	*****		************* ition	*****	*****
Registration fe	e:				
	Child 2: Child 3: hat tuition is	due every Fr	Total Family iday. Payment i ay will result in		nce of
Parent Initials					
*****	*****	*****	*****	*****	*****
	<u>Ph</u>	otography Au	<u>thorization</u>		
photograph my	child during	daycare hour	arly Learning Ce s. I understand cts, and/or for	these photos	
photograph my	child during	daycare hour	arly Learning Ce s. I understand or website. Fu	these photos	will be used
Parent Initials					

## **Emergency Transportation**

I give permission for Foothills Early Learning Center to transport my child in the event of an emergency to the local emergency department or to a designated location due to natural disaster/emergency.

Parent Initials						
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<u>!</u>	Non-Prescription Medication					
I hereby authorize Foothills Early Learning Center, my daycare provider, to use the following products on my child, according to the manufacturer or doctor's written instructions. I understand that FELC will first attempt to contact the parent prior to giving any oral medication. In the even that FELC is not able to reach someone, this grants us permission to administer these products in the event of a high fever or allergic reaction.						
Product	Yes	No				
Tylenol						
Motrin						
Benadryl						
First Aid Ointments						
Sunscreen						
Diaper Ointments						
Infant Gas Drops						
Parent Initials	*******	******				
Parent's Name:	Signature:					
Director's Signature	Date:					