

Tender Loving Learning Center

IN HOME PRESCHOOL/DAYCARE CONTRACT

The Family of The Child

Name: _____
 Address: _____
 Phone: _____

Child's Name: _____
 Child's Name: _____

General Agreements

1. Days: Monday through Friday
2. Hours: _____ AM to _____ PM
3. The above mentioned child/children will be placed and removed according to the following schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
_____ AM	_____ AM	_____ AM	_____ AM	_____ AM
_____ PM	_____ PM	_____ PM	_____ PM	_____ PM

Fee Structure

For the above listed hours of care, we agree to pay \$ _____ per week per child.

We understand that this is a guaranteed rate and includes full pay for holidays with no credit for absent days.

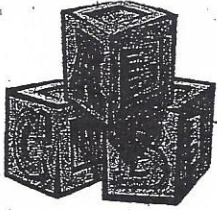
1. Payment is made to secure and maintain the position on the child care provider's roster.
2. Payment is due upon arrival on Friday for the following week. A receipt will be given to you on Monday.
3. A charge of \$5.00 per day will be assessed on all late fees.
4. Please Notify TLLC no later than a half hour past the child/children's expected arrival time.
5. A one week deposit is required for each child which is applied to the last two weeks of care after notice of termination is given.
6. Any checks returned to TLLC for any reason will be replaced immediately with cash or money order. All fees incurred by TLLC will be reimbursed and future payments will be made with cash or money order.
7. If a child is picked up later than the agreed upon time, an additional charge of \$5.00 per child shall be made per fifteen minute intervals after the agreed upon pick-up time.

26301 Pacoima Court
 Sun City, Ca
 92586

Phone: 909-679-1607
<http://tlc.homepage.com>
 Email: tlc@email.com

 Parents Int.

 TLLC Int.



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8. Reimbursement will be expected for any damages done by the child to TLLC's residence while the child is in TLLC's home. The amount will reflect replacement costs.
9. Two week's advance notice is required if the child is to be permanently withdrawn from child care. Two weeks will be accepted in lieu of the two week notice. Provider will also give two week's notice prior to cessation of care, in cases of gross misconduct on the part of the parent or child.
10. The first one month of care is a probationary period for the provider, parent, and child. This agreement may be terminated at any time during that period. After the probationary period two weeks pay or two weeks notice is required if the child is to be permanently removed from the child care.

Holidays and Time off

January— New Year's Day and *Martin Luther King Jr. Day*

February— President's Day

May— Memorial Day

July— July 4th

September— Labor Day

November— Thanksgiving Day and *Veterans Day*

December— Christmas Day and the day after Christmas
DAY AFTER THANKSGIVING

Sick Days and Vacations

There is no charge for any time taken off by TLLC for sick days. In case of emergency or illness. Parents should be prepared with their own backup. TLLC will try to provide backup.

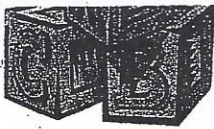
I can take up to two weeks vacation each year and I will give you at least two weeks written notice of my vacation plans. Parents need to pay in full for vacation time before leaving for your vacation in order to maintain your child's space in TLLC's Childcare/Preschool program.

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Meals

The following meals are served each day at no additional charge: (only the checked ones apply)

- | | |
|--|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Afternoon Snack |
| <input type="checkbox"/> Morning Snack | <input type="checkbox"/> Evening Snack |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Other arrangements |
- Please specify: _____

Should your child arrive later than a meal time, you will be responsible for feeding him/her. Except for special occasions or conditions requiring a special diet, please do not send any food with your child.

I am a participant in a Child Nutrition Program and make every attempt to provide enjoyable and nutritious meals for your child. I offer a variety of foods. Your child is encouraged to try new things, but not forced.

We observe special days (ie. Birthdays etc.) so you may bring cookies, cupcakes, or other treats to help celebrate. Please let TLLC know in advance if you have planned anything.

Address and Phone Changes

Any changes in personal address or phone numbers will be given to TLLC as soon as possible. Names and phone numbers on emergency forms must also be kept current.

Medical Emergencies

Note that your child will only be released to persons other than the parent or legal guardian if their name appears on your signed emergency form. In case of emergency, a phone call will suffice as long as the person picking up the child shows proper identification.

TLLC's Operation

All children must nap or have a rest time in the early afternoon each day at TLLC.

Non custodial parent cannot enter TLLC's home if custodial parent does not give permission in writing to TLLC to release the child/children.

The child must be brought to the door and the provider must be told that he/she has arrived. He/she must be picked up at the door and the provider told he/she is leaving.

Sick Care

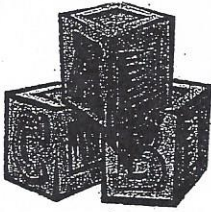
Should your child become ill during his/her day or/and evening here you will be notified and we will determine the best course of action concerning appropriate care, which may include the child being taken home.

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NO CHILD WILL BE ACCEPTED IF HE/SHE IS ILL. TLLC will make this determination

Any Medication to be given must come in a clearly labeled prescription bottle with a dosage information and have the child's name written on the bottle. Non-prescription medicine, if needed, will also be administered, only if provided by a parent. A signed authorization form is required any time the provider is asked to give medication to a child while in TLLC's care.

Transportation Agreement

Transportation: You are responsible for transporting your child to and from TLLC.

Occasionally we need to take out our own children to activities that they are involved in or we may take a field trip excursion and will provide transportation. Children under sixty pounds will be placed in safety-approved car seats which will be provided by the parents. All other children will be required to wear a seat belt at all times. We carry a notebook with a duplicate copy of the emergency forms with a picture of each child attached to his/her form. In the event of an emergency away from the house, your child will be cared for and you will be notified. We do ask for your permission to travel in the car.

THE PARENT/PARENTS give permission for the above mentioned child/children to travel in the care with TLLC's owner, employee, or authorized individuals.

Parent or guardian Gives his/her permission for

Child/Children to travel in TLLC's authorized vehicle.

Parent Responsibilities

- Diapers/baby wiper/special creams or ointments (disposable only please)
- A blanket and pillow for nap time
- A complete change of clothes (including socks), labeled with child's name or initials, appropriate for and maintained in a child's locker box.
- A car seat for each child under sixty pounds
- Two photos of each child for records
- Earthquake kit (optional)

* The parent will also be responsible to provide any other items asked for by TLLC.

Additional Information

TLLC is responsible for the following:

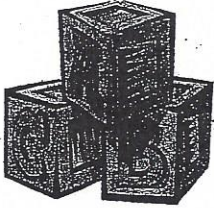
Toys, games and books. (Except for a favorite blanket it is best that your child doesn't bring anything from home) If this cannot be avoided, parent will accept any and all responsibility for the items brought. PLEASE don't send candy, food, or gum with your children. Older children may be allowed to bring toys or Bikes, but only with prior permission from TLLC. It is the policy that whatever is brought to TLLC (continued on next page)

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is to be shared with the other children to avoid squabbles. TLLC will not be responsible for any theft, damage, or loss of the above.

Child Abuse

We are required by law to report any sign of neglect or abuse of the children in our care, and will promptly do so. We are liable as child care professionals for this responsibility and can be fined and/or jailed for failure to do so.

Toilet Training

Extra changes of clothing will be required during the toilet training period. We are happy to help with toilet training at the appropriate age (24-36 months). There are no additional charges for this help.

Miscellaneous

Please do not park in my neighbor's driveways and park only in legal spaces. Please do not double park. Please help me maintain good relations with my neighbors.

Other Agreements

Other agreements (specify):

Changes and Renewal

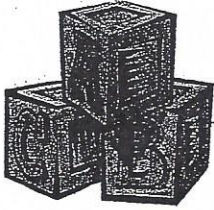
Three weeks notice will be given by the provider prior to any significant changes in this contract. If you have any questions, please ask them. Keep this copy of the contract so that you may refer to it at any time.

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I HAVE READ AND RECEIVED A COPY OF THIS CONTRACT. BY SIGNING THIS AGREEMENT, I AGREE TO COMPLY WITH ALL THE TERMS HEREIN.

Parents/Guardian's Signature _____

Parents/Guardian's Signature _____

TLLC's Signature _____

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CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO _____ TO PROVIDE ALL EMERGENCY DENTAL OR

FACILITY NAME

MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

HOME ADDRESS

HOME PHONE

(-)

WORK PHONE

()

IDENTIFICATION AND EMERGENCY INFORMATION

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

A. ALL FACILITIES (EXCEPT CHILD CARE FACILITIES; COMPLETE LIC 700)

NAME OF CLIENT OR CHILD		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH	AGE	SEX
RESPONSIBLE PERSON OR PLACEMENT AGENCY		ADDRESS			TELEPHONE ()
NAME OF NEAREST RELATIVE (OPTIONAL)	RELATIONSHIP	ADDRESS			TELEPHONE ()
DATE ADMITTED TO FACILITY	ADDRESS PRIOR TO ADMISSION				
DATE LEFT	FORWARDING ADDRESS				
REASONS FOR LEAVING FACILITY					

PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY

NAME	ADDRESS	TELEPHONE
		()
		()
		()

OTHER PERSONS TO BE NOTIFIED IN EMERGENCY

NAME	ADDRESS	TELEPHONE
PHYSICIAN		()
MENTAL HEALTH PROVIDER, IF ANY		()
DENTIST		()
RELATIVE(S)		()
FRIEND(S)		()

EMERGENCY HOSPITALIZATION PLAN

NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY	ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY
MEDICAL PLAN	MEDICAL PLAN IDENTIFICATION NUMBER
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

OTHER REQUIRED INFORMATION

10. AMBULATORY STATUS

9. RELIGIOUS PREFERENCE

NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE ()
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11. COMMENTS

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION



PARENT NOTIFICATION
ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby advised that: (Check one)

I am licensed as a Small Family Child Care Home and may provide care for a maximum of 8 children.

I am licensed as a Large Family Child Care Home and may provide care for a maximum of 14 children.

Galbraith Family Day Care
(print facility address)

(cut along dotted line)

RECEIPT OF PARENT NOTIFICATION

I acknowledge receipt of the notification that this family child care home will/may be providing care to 8 or 14 children.

(parent signature) (date)

*Maintain this signed receipt in each child's record.

PERSONAL RIGHTS

Child Care Facilities

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Facilities. Each child receiving services from a child care facility shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME _____

ADDRESS _____

CITY _____	ZIP CODE _____	AREA CODE/TELEPHONE NUMBER _____
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DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
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(PRINT THE NAME OF THE CHILD) _____

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) _____

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. (NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.
 Licensing Office Name: Community Care Licensing
 Licensing Office Address: 2737 Main Street. Ste 700
 Licensing Office Telephone #: Riverside, California 92501
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

UC 955A (12/05)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of Gollner Family Day Care, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee.

Gollner Family Day Care
Name of Family Child Care Home

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
MOTHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
FATHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
OTHER'S NAME	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	
HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

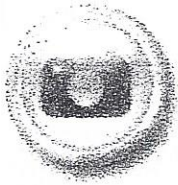
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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Tender Loving Learning Center Permission to Photograph

I, _____, give permission for Tender Loving Learning Center
(Parent or Guardian name) (Child Care Provider)

to photograph my child, _____, for the following purposes:
(Child's name)

- Display in Tender Loving Learning Center's scrapbook or bulletin boards, shown to current and prospective clients
- Display still photographs and/or videos on Tender Loving Learning Center's website
- Post photos on Tender Loving Learning Center's Facebook, Instagram, Pintrest or other related social media pages
- Video for use in a YouTube™ promotional video(s)
- Other uses related to the above

I understand that it is my responsibility to notify Tender Loving Learning Center in writing in the event that I no longer wish to authorize one or more of the above uses. I understand that I will hold Tender Loving Learning Center, its' employees, or representatives harmless if my child's name or photo is unknowingly, inadvertently, or mistakenly published.

Signed:

(Parent or Guardian signature)

(Date)