

**In the Beginning Infant Center  
& Preschool**



**Tuition Contract**

This agreement is made by and between In the Beginning Infant Center & Preschool, Child Care Provider and \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_. The following has been agreed upon between the two parties beginning \_\_\_\_\_:

I have read and agree to the full contents of the Parent's Handbook. I understand that disregarding these policies can result in termination from child care enrollment.

I understand that I must follow the termination policy as it is written in the Parent's Handbook.\*

I agree to the weekly rate of \$\_\_\_\_\_, to be paid on or before Monday for that week of service. Our arrival time will be \_\_\_\_\_, and pick up time will be no later than\_\_\_\_\_, Monday through Friday. Any added time before or after those times will be discussed beforehand, or will be subject to late pickup fees.

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance to the Parent Handbook policy, or negotiation of a new contract.

I agree to pay a deposit of \$\_\_\_\_\_ to hold a space until \_\_\_\_\_. This deposit will cover the first week of child care. In the event I choose not to enroll my child with this provider this deposit is non-refundable.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

\_\_\_\_\_  
Child Care Provider

\_\_\_\_\_  
Date

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date

\*This will include late penalties, as stated in the policy, from date due to date paid, plus legal fees if applicable.

# In the Beginning Infant Center & Preschool



## Parent/Guardian Information

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Child Information

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

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

\_\_\_\_\_  
Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

# In the Beginning Infant Center & Preschool



## Child Information - Continued

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**4th Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

# In the Beginning Infant Center & Preschool



Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

## Emergency Contacts & Authorized Pickup Persons:

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

## Tuition / Payment Information:

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

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## Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

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# In the Beginning Infant Center & Preschool



## Signature:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Emergency**

## Contacts & Authorized Pickup Persons:

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

## Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

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## Signature:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In the Beginning Infant Center  
& Preschool**



**Authorization for Emergency Medical Care**

I/We ....., hereby grant ***In The Beginning Infant Center & Preschool*** permission to take whatever action in its judgment may be necessary in supplying emergency medical services to ..... We understand that, consistent with the circumstances of the situation and available time, the Center will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us in Emergency Contacts. In the event the Center is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to the Center to contact and comply with the advice of an available physician, emergency services personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by the Center in making emergency medical treatment available to the above named child(ren).

.....  
Parent/Guardian Signature Date

.....  
Parent/Guardian Signature Date

**General Authorizations and Agreements**

I/we hereby grant permission for my child ..... to participate in all activities at ***In The Beginning Infant Center & Preschool*** including, but not limited to:

Initial	
	Use of Indoor and Outdoor equipment (including equipment rented by the Center on a temporary basis)
	Use of mats or cots during sleep or rest time
	Use of video and technology for educational enrichment – all technology will be age-appropriate and used videos are used for teaching purposes special occasions, and during inclement weather
	Field trips (advanced notice will be given and permission agreements will be required in advance)
	Publicity photos and video of the program (no names will be used)
	Evaluations and/or video monitoring of the program for Center use Evaluations and/or video monitoring of the program for Center use

## **In the Beginning Infant Center & Preschool**



### **Infant Supply List**

- Prepared bottles
- Pacifiers
- Baby food and cereal when age appropriate
- Diapers
- Wipes
- Diaper ointment
- Extra Clothes
- Extra formula (for emergency use only)
- Diaper bag (large enough to store empty bottles and clothes that may be sent home)

### **Please Remember:**

- Please label all items with child's first and last name.
- All creams and sunscreens to be applied require a completed medical authorization form and must be kept in their original containers with your child's full name on it.
- All prescriptions must be in the original containers with the patient's name, dosage and prescribed time to be given. The doctor must complete a medical form before medication can be administered.
- Any over the counter medications (Tylenol, Motrin, etc.) require a permission form from your doctor which must include the proper dosage for your child's weight, age and the reason why it is to be administered.

## In the Beginning Infant Center & Preschool



### SAFE SLEEP POLICY

In an effort to provide infants in our facility with a safe environment in which to grow and learn, ***In The Beginning Infant Center & Preschool*** will implement the following policies and procedures to create a safe sleep environment.

Following the recommendations of the American Academy of Pediatrics (AAP) for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS), our written policy is as follows:

All infants under 12 months of age will always be placed on their backs in safety-approved cribs, with a firm tight-fitting mattress. The only exception is if a note from the infant's physician is provided indicating a medical reason for an alternate sleep position.

- Positioning devices will not be used.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys, and loose bedding will not be placed in the infant's sleep environment.
- Each infant will have their own crib. Infants will not share a crib with other infants.
- When infants can easily turn over from their backs to their stomachs, they shall be put down to sleep on their back but allowed to adopt whatever position they prefer for sleep.
- Sleeping infants will be supervised at all times.
- Supervised "tummy time" will be observed while infant is awake. • Child care staff will be trained in safe sleep and SIDS risk reduction.

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Signature of Child Care Provider Date

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Signature of Parent Date

*\*This safe sleep policy is adapted from the Infant Mortality Risk Reduction Work Team of the National SIDS & Infant Death Program Support Center (NSIDPSC) & American Academy of Pediatrics "Reducing the Risk of SIDS in Child Care."*