

LITTLE KIDS VILLAGE

PARENT-PROVIDER CHILD CARE FINANCIAL AGREEMENT

The following agreement is made between parent(s) and provider for childcare services given to:

Child's name: _____ Date of birth _____

Parent/Guardian name:

Address: _____ Phone: _____

Provider's Name: LITTLE KIDS VILLAGE

Address: _____ Phone: _____

The terms of the agreement are as follow:

Effective Date: _____ Until: _____ Hours: _____

Days: Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thur. ___ Fri. ___ Sat. ___

Times: _____

Fees: Standard care

Overtime rates after first five minutes a late fee of \$2 per minute per child will be charged

Standard fee payment is due on: the Friday before the Monday of the child's scheduled start date and every Friday upon pick up of the child.

State Assistance \$ _____ Per month Parent Co-payment \$ _____ Per month

Overtime fee rates are due at time of pickup:

Additional charges \$ _____

LITTLE KIDS VILLAGE

LEARNING CENTER

PARENT-PROVIDER CHILD CARE FINANCIAL AGREEMENT

VACATION/ILLNESS:

One (1) full week of non-attendance per year is allowed free of charge. All other times including illness will be charged the full weekly rate. Other provisions for childcare must be made for the following times:

TERMINATION OF AGREEMENT:

Either parent/guardian or provider may terminate the financial agreement by giving a (2) week advance notice. Payment of child care services is due for the two weeks notice period, whether or not the child attends the child care program. The provider can terminate the contract immediately without giving any notice if parents or guardians do not make payments when they are due.

I/WE agreement to abide by the written terms of this agreement:

PARENT'S SIGNATURE: _____ DATE _____

PARENT'S SIGNATURE: _____ DATE _____

DIRECTOR'S SIGNATURE: _____ DATE _____

LITTLE KIDS VILLAGE
LEARNING CENTER
MEDICATION FORM

I give permission for "little Kids Village staff" to give medication to my child

The following medications as per our physician instructions:

Medication: _____ Medication: _____

Amount: _____ Amount: _____

Time: _____ Time: _____

Date to be given: _____ Date to be given: _____

Additional information:

****NOTE****The child's name and doses of the medications must be on the bottle and in the original container, no exceptions.

PARENT'S SIGNATURE/GUARDIAN: _____ DATE _____

PARENT'S SIGNATURE/GUARDIAN: _____ DATE _____

DIRECTOR'S SIGNATURE: _____ DATE _____

Little Kids Village Preschool
Preschool Developmental History

Child's Name _____ Birthday _____

Nick Name _____ Gender M or F

Please list name and ages of siblings:

Developmental History

Has your child had any previous group care experience? Yes or No

Does your child know any other children in this center? Yes or No

How would you describe your child's personality? _____

What language is spoken in your home? _____

What are your child's favorite activities? _____

What are your child's favorite toys? _____

Does your child have any special fears (animals, storms, loud noises, etc.)? Yes or No

If yes, please describe: _____

How does your child express their feelings? _____

At what age did your child begin talking? _____

Does your child have any speech problems? _____

Can your child dress him/herself? _____

Do you have some particular expectations of our program regarding your child's development?

Please explain _____

Health

Has your child had any serious illness or hospitalization? _____

If yes, please explain _____

Does your child have any allergies (birth defect, convulsions/seizures, head injury asthma, hay fever, insect bites, medicines, or food)?

If yes, please explain _____

Does your child have any contagious diseases that could impact other children or staff?

(Hepatitis, H.I.V./AIDS, Malaria) If yes, what? _____

Are any medications given regularly? _____

Does your child seem well most of the time? Yes or No

Is your child taking any medications now (Including vitamins, aspirin and laxatives, etc.)

Yes or No If yes, what? _____

Toileting/Diapering Habits

Is your child toilet trained? Yes or No

If yes, does your child have accidents? Yes or No

Can your child verbally express he/she needs to use the bathroom? Yes or No

Does your child wet the bed at night? _____

Sleeping Habits

What time does your child go to bed at night? _____

Does your child sleep with a blanket? _____

Does your child sleep with a toy? _____

Does your child take naps? _____

Does your child wear diapers at bedtime/naptime? _____

Does your child have problems with nightmares? _____

Social Relationships

Has your child had any experience playing with other children? _____

Does your child have any behaviors that you find challenging? _____

By nature is your child: Friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

How well does your child relate to strangers? _____

Does your child play well alone? _____

Is your child frightened by: Animals? _____ Rough children? _____ Loud noises? _____ Storms? _____ Anything else? _____

How do you comfort your child? _____

Circle the word that best describe your child: Confident Curious Verbal Responsible
Challenging Cooperative Cautious Helpful Leader Follower Exuberant Reserved
Observer Independent Playful Moody Happy good Listener Impulsive Quiet

PARENT'S SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____