

ENROLLMENT AGREEMENT WHEE CARE CHILDCARE



The Following agreement is made between:

Mother/Legal Guardian		Home Phone	
Address		State	Zip
Employer		Work Phone	
Employer address		Pager or Cell #	

And

Father/Legal Guardian		Home Phone	
Home Address if different		State	Zip
Employer		Work Phone	
Employer address		Pager or cell #	

And

Jodi JP Diekmann		Home Phone	651-735-9735
877 New Century Boulevard South	Maplewood	Minnesota	55119

For the care of:

Child's name	Nickname
Male Female	Birth Date

Is there a custody/visitation issue I should be made aware of? Yes No
If yes, please explain on additional paper.

Persons authorized to pick up my child/ren (other than parents, guardians, or emergency pick ups)

Name	Relationship
Name	Relationship

Basic Rates and Payment Policies:

The payment fee shall be \$_____ per week

Payment will be made the first scheduled day of care each week.

Care shall be provided normally from ___ a.m. to ___ p.m. on these days (check all that apply)

Monday Tuesday Wednesday Thursday Friday

A holding fee (deposit) of 250.00 is required to be paid on _____ which will be applied to the last week's payment or non refunded if the child does not come for care as agreed. Your spot will not be saved until the deposit check is received.

- I have read the Policies and Procedure portion of Whee Care childcare's contract Rev G
- I have read the Hours and Holidays portion of Whee Care childcare's contract Rev G
- I have read the Schedule and Activities portion of Whee Care childcare's contract Rev G
- I have read the Fees and Regulations portion of Whee Care childcare's contract Rev G

EMERGENCY INFORMATION

Child's physician	Phone
Child's dentist	Phone
Preferred hospital	Phone
Insurance co.	Policy no
Medications	Allergies

EMERGENCY CONTACTS

Contact other than parents:	
Home Phone	Work
Relationship to child	
Address	
Secondary contact:	
Home Phone	Work
Relationship to child	
Address	

Signatures:

By signing this contract, parent(s)/guardian(s) agree to abide by the written policies of the provider. The provider may amend the policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least one month before they go into effect.

Provider's signature		Date	
Parent/Legal Guardian's signature		Date	
Father/Legal Guardian's signature		Date	
Co-signer's signature		Date	

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as the guarantor to the contract and agree to be bound by all financial terms.

Please give me an email address for communication _____

Earliest possible time of day I may call to let you know if I am closing _____