



Child Care Agreement

Check All Services Needed

Before and After School Program:

- Before School
- After School
- 2nd Wednesday of each month

Child's Elementary School: _____

Teacher's Name: _____

Lancaster Rec Center:

- Full Day Preschool
- Pre-K Counts
- Wrap Around
 - Before School
 - After School
 - 2nd Wednesday of each month

McCaskey Child Care Center:

- Infant (6 weeks – 12 months)
- Younger Toddler (1-2 years)
- Older Toddler (2-3 years)
- Preschool (3-5 years)
- United Way Pre-K (3-5 years)

Wickersham Elementary:

- Pre-K Counts
- Wrap Around
 - Before School
 - After School
 - 2nd Wednesday of each month

Summer Camps:

- Camp Optimist
- Kindergarten Boot Camp
- Sports of All Sorts
- Discovery Day Camp

Name of Child		
Fee Amount \$	Per-Day-Week	Day Payment to be made
Services to be provided as part of the day care fee: Breakfast & Lunch (Preschool/Pre-K Counts/McCaskey), Snack (Preschool/McCaskey/Before & After School), Lunch & Snack (Summer Day Camps), Learning Centers (All), Homework Help (Before & After School), Observations & Assessments (All)		
Child's Arrival Time	Child's Departure Time	Person(s) Designated by Parent to Whom Child May be Released
Late Fee \$1.00	Per Min-Hour Per Minute	
Extra services to be provided at an additional fee, if applicable.		
I, the parent/guardian; <ul style="list-style-type: none"> <input type="checkbox"/> Received complete written program information at the time of enrollment. <input type="checkbox"/> Agree to update the emergency contact parental consent form information whenever changes occur or every 6 months at a minimum. <input type="checkbox"/> Agree to follow all policies and procedures as outline in the Lancaster Rec Child Care Family Handbook. 		
Signature – Lancaster Rec Representative _____		Date _____
Signature-Parent or Guardian _____		Date _____
Date of Child's Admission	Date of Child's Withdrawal	

Emergency Contact/Parental Consent Form

Name	Age	Sex	Race	Birthdate	Grade
Address			Siblings in Lancaster Rec Child Care		
Primary Name/Legal Guardian				Home Phone #	
Home Address				Cell Phone #	
Employer Name				Business Phone #	
Employer Address				Email Address	
Secondary Name/Legal Guardian				Home Phone #	
Home Address				Cell Phone #	
Employer Name				Business Phone #	
Employer Address				Email Address	
In Case of Emergency (parents not available) contact person(s) to whom my child may be released:					
Name		Phone #		Full Address	
Name		Phone #		Full Address	
Marital Status of Custodial Parent(s) or Guardians: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced					
Are there any custody issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Person Responsible for Payment (if different from above, list address and phone): <input type="checkbox"/> Self <input type="checkbox"/> CCIS <input type="checkbox"/> Other					
Name of Child's Physician/Medical Care Provider				Phone #	
Address					
Special Disabilities (if any)			Allergies (including medication reaction)		
Medical or Dietary Information Necessary in an Emergency Situation			Medication, Special Conditions		
Additional Information on Special Needs of Child			Hospital Choice		
Health Insurance Coverage for Child or Medical Assistance Benefits			Policy Number (required)		
Parent's Signature is Required for Each Item Below to Indicate Parental Consent					
Obtaining Emergency Medical Care			Admin. Of Minor First-Aid Procedures		
Walks and Trips			Swimming		
Transportation			Apply Sunscreen		

Six-Month Review:

Signature of Parent of Guardian

Date