



Child Care Agreement

Check All Services Needed

Before and After School Program:

Before School

Child's Elementary School: _____

After School

2nd Wednesday of Each Month

Teacher's Name: _____

Lancaster Rec Center:

Pre-K Counts

Wrap Around

Before School

After School

2nd Wednesday

of Each Month

McCaskey Child Development Center:

Infant (6 weeks – 12 months)

Younger Toddler (1-2 years)

Older Toddler (2-3 years)

Preschool (3-5 years)

Pre-K Counts (3-5 years)

Summer Camps:

Camp Optimist

Discovery Day Camp

Sports of All Sorts

Shining Stars Preschool Program at McCaskey Development Center

Shining Stars Pre-K Academy at Lancaster Rec Center

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: <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 outlined in the Lancaster Rec Child Care Family Handbook <input type="checkbox"/> I give permission for my child to be photographed during normal program hours, field trips or activities. I understand that these photographs may be used in promoting the Lancaster Recreation Commission, either in print or on the internet.		
Signature - Lancaster Rec Representative	Date	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 of Child	Age	Sex	Race	Birthdate	Grade
Complete Address			Siblings in Lancaster Rec Child Care		
Primary Name/Legal Guardian				Home Phone #	
Complete Home Address				Cell Phone #	
Employer Name				Business Phone #	
Complete Employer Address				Email Address	
Secondary Name/Legal Guardian				Home Phone #	
Complete Home Address				Cell Phone #	
Employer Name				Business Phone #	
Complete Employer Address				Email Address	
In Case of Emergency (parents not available) contact person(s) to whom my child may be released:					
Name			Phone #		
Complete Address					
Name			Phone #		
Complete 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"/> CIS <input type="checkbox"/> Other					
Name of Child's Physician/Medical Care Provider				Phone #	
Complete Address					
Special Disabilities (f 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 if 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		

Signature of Parent or Guardian

Date

Six-Month Review: Signature of Parent or Guardian

Date