



Busy Bee Child Care

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child's Physician _____	Phone _____
List allergies and intolerance to foods, medications or other substances _____	
Action to be taken _____	
Center will give Insect repellent to my children when they go outside. Yes _____ No _____	
I do not ask Sunscreen, Diaper Ointment or Cream from the center.	
If I cannot be contacted, in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.	
Signature of Parent or Guardian _____	Date: _____

BUSYBEE POLICIES/ AGREEMENTS

1. I acknowledge that I receive The Busy Bee Child Care Parent Handbook
2. I understand that no medication will be administered without written permission from parents.
3. I understand that the Director or her designated staff will notify me whenever my child becomes ill, and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
4. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free 24 hours before returning to school after an illness, I also understand that prescription medication must be administered to my child at home for 24 hours before he /she can return to school.
5. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household had developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
6. I understand that in the event my child has bruises, swelling, burns, or other injuries due to abuse or neglect, I am required to inform the center within 24 hours, or at a minimum a few hours before school arrival. If the center is not informed, our teachers and staff are required by law to report any suspicious signs of abuse or neglect on the children in our care.
7. I understand that at the Busybee Center my child will be taught to pray, and he/she prays before meals/snack, learning and naptime.

8. Monthly tuition remains the same despite absence due to illness, vacations, holidays, and snow days. Tuition cost reflect these days off. Exceptions to this will be prolonged hospitalization. Tuition is due by the first of every month. Tuition must be paid on time. If payment is not received by the 10th of the month, it is due, your child will not be allowed to stay in preschool.
9. Returned checks: A \$25 fee is assessed for a returned check. If this happens more than twice, the center will require a cashier's check for subsequent payments. If a special financial problem arises, you need to inform us your payment plan in advance.
10. Withdrawals: We require two weeks' notice for withdrawals. If a two-week notice is not given, a balance equal to half monthly tuition will be owed. Should your child return to Busy Bee Child Care in the future, that balance must be paid in full before admission is granted.
11. I understand that child care services may be terminated for any of the following reason:
 - a. My child's tuition account becomes more than two weeks in arrears.
 - b. Failure to respond in a timely manner when contacted by the center to pick my child when he/she is sick.
 - c. My child behavior pattern threatens his/her own health and safety or threatens the health and safety of other children and staffs.
12. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date