



Child's Name \_\_\_\_\_

School Year \_\_\_\_\_

Please initial each line you agree to, sign and date at the end

Required forms. I will provide the following information to DDDC annually unless otherwise noted

\_\_\_\_\_ Child Care Contract \_\_\_\_\_ Tuition Express Form \_\_\_\_\_ Child Information Card

\_\_\_\_\_ Health Appraisal (green form) and Immunization record from each well child visit

\_\_\_\_\_ I waive one or more immunizations for my child. A copy of a waiver addressed to DHHS and signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons will be given from each well child visit the immunizations weren't given.

Parent Handbook Acknowledgment

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
Fee policy.
Discipline policy.
Food service program.
Program philosophy.
Typical daily routine.
Parent notification plan for accidents, injuries, incidents, illnesses.
Exclusion policy for child illnesses.

Licensing Notebook Acknowledgment

All childcare centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
The licensing notebook is available to parents during regular business hours.
Licensing inspection and special investigation reports from at least the past two years are available on the childcare licensing website at www.michigan.gov/michildcare.

I certify that I received all of the above items.

Signature of Parent or Guardian

Date





**Please have all financially responsible parties initial each and sign at the bottom.**

\_\_\_\_\_ I agree to pay the first week of tuition and registration fee before my child attends the first day of care.

\_\_\_\_\_ I agree to have DDDC automatically pull tuition on Thursday's from my choice of account before care will be provided the following week.

**OR**

\_\_\_\_\_ I agree to have DDDC automatically pull tuition on the last day of the month from my choice of account before care will be provided the following month.

\_\_\_\_\_ I agree to pay a 3% processing fee on each tuition transaction if paying with a credit card.

\_\_\_\_\_ I understand there is a \$25 fee if my payment was declined.

\_\_\_\_\_ I understand DDDC's hours of operations is 6:30am-6:00pm.

\_\_\_\_\_ I understand there is a \$1/minute late fee past 6:00pm regardless if I call to inform the center I will be late.

\_\_\_\_\_ I agree to pay for all days that my child is contracted and understand that there will not be a reduction in tuition for absences or holidays. If there is space, I may add a day for my part time child but not switch days. The weekly tuition is the same for weeks that contain holiday's or snow day's that DDDC is closed.

\_\_\_\_\_ Changes in the parent handbook or holiday closures will be posted and notified to us upon a 30-day written notice.

\_\_\_\_\_ I understand when my child has been contracted for full time care for at least 6 months, we will have a 5-day vacation allowance to use within the calendar year. We will need to provide a two-week written notice to DDDC.

\_\_\_\_\_ I understand if I choose to disenroll my child, I must provide a two-week written notice. If I choose to not give a full two weeks, I am still responsible to pay the two weeks of care.

\_\_\_\_\_ I understand DDDC may terminate my family without notice if 1. we have not paid our tuition on time, if 2. my child's behavior creates a direct harm to the child, other children, the staff, or the building, and if 3. we engage in inappropriate behavior such as acts of violence (assault or battery), harassment or threats, possession of illegal substances or firearms, verbal or physical abuse of any child, profanity, or indecent exposure.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



7265 Merritt Road  
Ypsilanti, MI 48197  
Visit us on the web at: [dorothysdiscoverydaycare.com](http://dorothysdiscoverydaycare.com)



734-483-9684  
[dorothys.discovery@yahoo.com](mailto:dorothys.discovery@yahoo.com)





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**Photo/Video Release**

- \_\_\_\_\_ Classroom doc. in the room
- \_\_\_\_\_ Classroom doc. in the hallway
- \_\_\_\_\_ Classroom or Center parent newsletters
- \_\_\_\_\_ DDDC brochures/info. sheets
- \_\_\_\_\_ DDDC website
- \_\_\_\_\_ DDDC Facebook page
- \_\_\_\_\_ DDDC may NOT publish any pictures or videos of my child in or out of the center.

**Topical nonprescription medications**

- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellant
- \_\_\_\_\_ Diaper rash cream
- \_\_\_\_\_ Antibiotic ointment
- \_\_\_\_\_ DDDC may NOT apply any of the above on my child

**Health Care Policy**

\_\_\_\_\_ I understand my child should not be at the center if they present any of the following symptoms and needs to be 24 hours symptom free without the aid of medications:

- \_\_\_\_\_ Change in behavior
- \_\_\_\_\_ Fever 100.5 or more
- \_\_\_\_\_ Diarrhea or vomiting
- \_\_\_\_\_ Upper respiratory disturbance (outside of normal cold)
- \_\_\_\_\_ Pain of any sorts
- \_\_\_\_\_ Unknown rash
- \_\_\_\_\_ any communicable disease

\_\_\_\_\_ I understand if my child is "too sick" to go outside or to participate fully in the daily routine, then my child will need to stay home and rest.

\_\_\_\_\_ I understand my child will be required to go outside twice a day as mandated by The State of Michigan. I will provide appropriate clothing for the weather along with skin protection.

\_\_\_\_\_ I understand I can not send my child in with having Tylenol or Motrin to mask any of the symptoms listed above. And I cannot send in Tylenol or Motrin for "in case of emergencies"

\_\_\_\_\_ I understand the only medications allowed at DDDC is for children who have allergies or asthma; EpiPen, Benadryl, and Inhalers. I will provide my child's allergy and/or asthma action plan signed by the doctor.

\_\_\_\_\_ Any other medications needs to be consulted with the Program Director/Director.

\_\_\_\_\_ I understand I need to provide diapers, wipes, and creams for my child daily. My classroom teacher will inform me when we're getting low and I will bring in more.

\_\_\_\_\_ If I do not bring in more, then I could be charged \$1/diaper, \$4.00/wipe refill, or \$3.00/diaper cream.

\_\_\_\_\_ I understand my child will need to take a nap/rest daily. Children under 18 months old may sleep on demand.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date





**Please initial each line you agree to, sign and date at the end**

**Meals provided by DDDC**

\_\_\_\_\_ DDDC, will provide meals once a child is on table foods. Our meals include breakfast, lunch, and two snacks. DDDC will substitute food for children who have special dietary preferences or allergies to the best of our ability.

\_\_\_\_\_ DDDC, will provide children 12 months of age until 2 years of age whole homogenized Vitamin D-fortified cow's milk.

\_\_\_\_\_ DDDC, will provide children 2 years of age and older with 1% cow's milk

**Infant Families or special dietary families ONLY**

\_\_\_\_\_ I agree to provide my Infant with daily formula or breast milk bottles.

\_\_\_\_\_ Bottles will be labeled daily with my child's first name, last name, and the date. Each bottle will also have the bottle cap covering the nipple.

\_\_\_\_\_ I agree to provide my infant with baby food; cereal, purees, puffs, etc.

\_\_\_\_\_ I agree to provide my child with daily meals due to allergies or special dietary needs. Daily meals would include breakfast, lunch, and two snacks.

\_\_\_\_\_ I agree to provide my child with special milk due to dietary needs.

**Known Allergies, medication alerts and medications**

Does your child have any known allergies, food restrictions, medical alerts or take any medication on a regular basis?

\_\_\_\_\_

We need your permission to post this information in our classrooms for all staff to informed:

\_\_\_\_\_ Yes, DDDC can post in the classrooms this list of known allergies, food restrictions, or medical alerts with my child's name listed.

\_\_\_\_\_ No, DDDC may NOT post in the classrooms this list of known allergies, food restrictions, or medical alerts with my child's name listed.

**Additional acknowledgments**

\_\_\_\_\_ I give permission for my child to go on walks down the path behind the DDDC playground.

\_\_\_\_\_ Pesticides are occasionally applied by Frames Pest Control. Families will be informed prior to any pesticide application on the center grounds. Advance notice will be given by posting a note on the premises and via email. Families will be notified annually of the methods used.

\_\_\_\_\_  
Signature of Parent or Guardian

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Date



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# School Age ONLY

Young 5's – 12 years of age

R 400.8143 (8) I state that my school age child....

\_\_\_\_\_ is in good health with activity restrictions noted.

\_\_\_\_\_ immunizations are up-to-date.

\_\_\_\_\_ immunization record or appropriate waiver is on file with the child's school.

Activity restrictions noted:

## Transportation Consent

\_\_\_\_\_ My child is given permission to travel by DDDC bus with drivers employed by DDDC, Inc.

In granting permission, I hereby expressly waive my claim for DDDC, including its employees and representatives and release them from liability. Further, I assume full responsibility for any damage to persons and/or property caused by my child. I further expressly agree that in the event disciplinary action may be necessary, my child may not be able to ride the bus.

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