

Parental Agreements with Cornerstone Children’s Center

Cornerstone Children’s Center agrees to provide day care for _____ on **Monday – Friday 7:00 AM to 6:00 PM from January to December.**

My child will participate in the following meal plan (check ALL that apply):

_____ Breakfast _____ Lunch
_____ Morning Snack _____ Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number if any; dosages date and time of day medication is to be given. Medicine will be in the original container with my child’s name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s) or facility personnel.

I acknowledge it is my responsibility to keep my child’s records current to reflect any significant changes as they occur (e.g. telephone numbers, work location, emergency contacts, child’s physician, child’s health status, infant feeding plans and immunization records, etc.).

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Cornerstone Children’s Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy of and agree to abide by the policies and procedures for Cornerstone Children’s Center.

I understand that the center will advise me of my child’s progress and issues relating to my child’s care; as well as any individual practices concerning my child’s special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Cornerstone Director)