

EMERGENCY CONTACTS: Child will be released only to the custodial parents/ legal guardians and the persons listed below. The following people will also be contacted and authorized to remove the child from the center in case of illness, accident or emergency, if for some reason the custodial parents/legal guardians cannot be reached:

NAME	ADDRESS	BEST CONTACT #	PASS CODE
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NAME	ADDRESS	BEST CONTACT #	PASSCODE
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NAME	ADDRESS	BEST CONTACT #	PASSCODE
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EMERGENCY AUTHORIZATION

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

TO THE BEST OF MY KNOWLEDGE I HAVE COMPLETED THE ABOVE INFORMATION TO BE TRUE AND ACCURATE AND I FURTHER UNDERSTAND THE FOLLOWING TERMS AND AGREEMENTS:

1. I AGREE TO PAY A LATE FEE OF \$1.00 A MINUTE FOR EVERY MINUTE I ARRIVE AFTER 6:30 PM PER CHILD. (DUE UPON ARRIVAL)
2. I AGREE TO PAY THE LATE CHARGE OF \$10 PER DAY FOR TUITION PAYMENTS THAT ARE RECEIVED AFTER MONDAY.
3. I UNDERSTAND THAT I MUST PAY AN ANNUAL REGISTRATION AND ACTIVITY FEE FOR MY CHILD TO PARTICIPATE IN THE NANDA CHILD CARE CENTER PROGRAM.
4. I UNDERSTAND THAT MY REGISTRATION FEE AND A DEPOSIT OF ONE WEEK IS DUE PRIOR TO MY CHILDS START DATE.
5. I UNDERSTAND THAT I MUST PROVIDE A MINIMUM OF TWO WEEKS NOTICE IN WRITING IF WITHDRAWING OTHERWISE MY DEPOSIT WILL BE FORFEITED.
6. I HAVE READ AND REVIEWED THE CENTER HANDBOOK AND I WILL ADHEAR TO NANDA'S POLICIES AND PROCEDURES.

PLEASE SIGN HERE: _____ DATE: _____
PARENT/LEGAL GAURDIAN

FOR OFFICE USE ONLY

REGISTRATION: \$ _____ DEPOSIT: \$ _____ TUITION: \$ _____

CLASSROOM: _____ PROGRAM: _____ START DATE: _____

FAMILY PASSCODE: _____