



## New Haven Adult School

### Child Care

### Parent Contract and Agreement

Please read the agreement and sign at the bottom

Classes are Monday through Thursday

8:30 to 11:25 a.m.

**Children must be 3 to 5 years old and potty trained.**

1. \_\_\_ Parents must provide documentation to prove his/her child's age, vaccination records, and complete an emergency card before the second day of attending.
2. \_\_\_ I understand that only the parent who attends Adult School's classes will drop off and pick up the child/children. Important: child care is on a first come, first serve basis.
3. \_\_\_ **Parents will not leave campus at any time while their children are in the school. Parents who fail to follow this rule will lose child care services.**
4. \_\_\_ Parent will sign their children in and out every day on sign in sheet and bring the fee voucher from office. Parents will leave their classroom 5 minutes early in order to pick up their children.
5. \_\_\_ I will not bring my child to class if he/she has fever, runny nose, a rash or diarrhea.
6. \_\_\_ Toys from home are not allowed in the classroom.
7. \_\_\_ Child must follow the school rules or will lose his/her child care privileges.
8. \_\_\_ Child must bring a healthy snack to class.
9. \_\_\_ Child must not wear open toes shoes at any time.
10. \_\_\_ Parents must volunteer in the classroom at least 5 times a year.

I \_\_\_\_\_ **AGREE TO THE ABOVE RULES, AND I UNDERSTAND THAT I WILL LOSE CHILD CARE SERVICES IF I DO NOT FOLLOW THEM.**

Rules may change at any time in order to better serve children and the community.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Classroom #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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**EMERGENCY INFORMATION CARDS**

**Student's Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Classroom # \_\_\_\_\_

**Allergies /Asthmas or any other medical concerns we need to know about (please specify)** \_\_\_\_\_  
\_\_\_\_\_

**In case of emergency call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_