

# SHOOMAAN

Licensed Home Day Care

## Waiting List Form

### Enrollee

I/We \_\_\_\_\_ would like to place my/our child \_\_\_\_\_ age \_\_\_\_\_ at Shoomaan Licensed Home Day Care (referred herein as "daycare").

My/our child will be in daycare on the following days (*check all that apply*):

Monday |  Tuesday |  Wednesday |  Thursday |  Friday

My/our child will be in daycare during the following hours: \_\_\_\_:\_\_\_\_ A.M. and \_\_\_\_:\_\_\_\_ P.M.

I/We understand that the daycare hours are from Monday to Friday between 7:30 a.m. - 6:00 p.m. CST and that any care outside these hours may result in additional fees.

### Enrollment Conditions

**By enrolling my child, I understand the following terms will apply upon enrollment:**

- A late fee of \$10.00 per day per child will be charged if the payment is not received on the Friday (AM) of the preceding week of care.
- Should your child stay in attendance earlier or past the hours stated upon above, an early drop-in and/or late pick-up charge of \$5.00 per child per 15 minutes will be assessed.
- A \$25.00 return check fee will be assessed for any returned checks.
- The daycare will be closed on the following holidays: New Years Eve, New Years Day, Memorial Day, Independence Day, Labor Day, Thanks giving Eve, Thanksgiving Day, Christmas Eve, Christmas Day. The daycare will also be closed for two (2) weeks per year for vacation during the months of June and September. A two (2) week advance notice will be provided.
- Neither the daycare nor the care providers shall be held responsible for accidents or injuries. All medical expenses, including emergency treatment and subsequent medical care, shall be the responsibility of the parent(s)/guardian(s).
- The State Law requires that you provide documentation of your child's immunization within 14-days of attendance (see Kansas Immunization Law).
- A two week written notice prior to termination of this agreement contract must be given.

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My signature below indicates my interest in enrollment in Shoomaan Licensed Home Day Care. I agree to advise the daycare should I no longer wish to be on the waiting list. I further understand that this is not an enrollment agreement and will agree to sign an enrollment agreement upon availability of enrollment.

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Parent(s)/Gaurdian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shoomaan Licensed Home Day Care Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SHOOMAAN

Licensed Home Day Care

## Waiting List Copy

*Enrollee Copy*

\_\_\_\_\_ has enrolled  
in a waiting for \_\_\_\_\_ age \_\_\_\_\_ on  
\_\_\_\_\_ at \_\_\_\_\_

at Shoomaan Licensed Home Day Care (referred herein as "daycare").

**This is a copy of the waiting list agreement for your records.**

**Please keep this copy in safe place for further reference.**

*Enrollment Agreement Copy*

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**I agree to advise the daycare should I no longer wish to be on the waiting list. I further understand that this is not an enrollment agreement and will agree to sign an enrollment agreement upon availability of enrollment.**

**This waiting list agreement was signed on:**