

Dilley Beans Daycare

Admission Form Agreement & Release

1. Facility Use - I agree that subject to terms in this Agreement, other documents I sign and rules set forth in the Parent Handbook, Dilley Beans Daycare will provide child care for my child.
2. Future Visits - This Agreement, this Enrollment Form and the Contract Form will be kept on file at Dilley Beans Daycare and will continue to constitute binding obligations for any future visits my child may make to Dilley Beans Daycare. However, this Agreement does not obligate Dilley Beans Daycare to continue to provide service, and Dilley Beans Daycare reserves the right to refuse admission to any child for any reason without liability.
3. Payments - Payment for Dilley Beans Daycare services will be due no later than at the time of each check-in in electronic transfer, cash or check. Dilley Beans Daycare may refuse to accept any payment by check, and may charge a fee in the amount prescribed at the time of visit for each returned check. Payment is due per payment policy and all late fees per policy apply. Dilley Beans shall be entitled to recover all such time spent for all costs incurred in the collection effort, with or without suit. The client shall, in addition, pay all fees incurred with other attorneys or collection agencies, with or without suit, for the collection of costs owed by the client.
4. Health Policies
 - A. Health - My child is in excellent health and physical condition and has no medical, psychological, physical or mental conditions which have not been disclosed to Dilley Beans Daycare on the attached Enrollment Forms. My child does not have any infectious, contagious, or communicable diseases. My child is current on all required immunizations or exemption forms are provided at the time of this agreement. A copy of vaccinations during care period will be provided to Dilley Beans Daycare, any other medical information will be updated as it occurs.
 - B. Illness - In the event my child becomes sick with a contagious illness after visiting Dilley Beans Daycare and the visit to Dilley Beans Daycare occurred during the gestation period of such illness, I agree to notify Dilley Beans Daycare as soon as possible to enable Dilley Beans Daycare, in its discretion, to notify each family of all the children who may have been exposed to such illness.
5. Medical Procedures
 - A. General Medical Guidelines/Discretions- Although Dilley Beans Daycare tries to provide a safe environment, it is possible that my child may be injured. In such an event, I authorize Dilley Beans Daycare to follow its internal procedures, including simple first aid as reasonably appropriate. I understand Dilley Beans Daycare shall not be required to strictly follow these guidelines when in the provider's judgment circumstances may require otherwise.
 - B. Medical Authorization - In the event Dilley Beans Daycare determines a situation is a medical emergency and medical attention is necessary for my child, I authorize Dilley Beans Daycare to act as an agent for me and to give permission for my child to be attended by a physician and be transported by ambulance in such circumstances as Dilley Beans Daycare deems necessary.
6. Safety/Indemnity - I agree Dilley Beans Daycare may take action which it considers prudent to protect the safety of my child, and other children visiting Dilley Beans Daycare. I further agree to indemnify, defend, and hold Dilley Beans Daycare (and its employees) harmless from and against all actions, claims, or liability including attorney's fees and court costs, directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing the Enrollment Forms.

7. Additional Requirements

- A. As a condition to my use of Dilley Beans Daycare, I have accurately completed and signed the Enrollment Forms. I understand Dilley Beans Daycare will rely on this information when caring for my child. I agree to update any changes to the information I have provided as changes occur and will provide new forms every twelve months including the Medical Emergency Form to comply with Child Care Division regulations.
- B. I agree to pay all costs and attorney's fees arising out of any action relating to this agreement, Enrollment Forms and Release for collection purposes or otherwise.

In any day care program, injuries may occur. In order for Dilley Beans Daycare to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Dilley Beans Daycare is requesting that you sign this Release.

I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "child"), waive and release all rights, causes of action and claims against Dilley Beans Daycare and its employees, for any and all loss of or damage to property or injuries suffered by my child during the time my child is visiting Dilley Beans Daycare, including the possible negligence of Dilley Beans Daycare, but excluding gross negligence and intentional misconduct. I understand the provision of daycare contains risk of injury to persons and damage to property, and by signing this Release I engage Dilley Beans Daycare to provide daycare for my child at my own risk.

I have been given the opportunity to ask any questions and obtain answers to my satisfaction regarding any and all aspects of Dilley Beans Daycare and this Release, including but not limited to future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Dilley Beans Daycare Care other than those contained in the written information supplied to me by Dilley Beans Daycare. I understand this Release will be kept on file at Dilley Beans Daycare and will continue to be in effect for this and any future visits my child may make to Dilley Beans Daycare.

I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Provider Signature _____ Date _____