

# Baby Steps Parent Registration

Admission Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Discharge Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name of Child \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Legal Custodian of the Child:** \_\_\_\_\_

Custody Schedule if Shared: \_\_\_\_\_

Next of Kin (other than parent / guardian): \_\_\_\_\_

Name

Relationship

Address

Telephone

## Emergency Contacts:

Name

Relationship

Address

Telephone

Name

Relationship

Address

Telephone

**Insurance Company:** \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The following people have permission to pick up my child **WITHOUT** notification from me:

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

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

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

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

The following people have permission to pick up my child **WITH** notification from me:

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

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

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

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

The following people may NOT pick up my child (used in any custody disputes):

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

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

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

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

Each child will enter the child care on a 2-week trial basis. Within this period, either the parent or the provider may discontinue the contract with no notice. After the initial 2-week trial basis, the parent agrees to give a minimum of 2-week notice (with two additional full weeks of payment) before withdrawing their child, or agrees to pay two weeks of fess in lieu of notice. The provider agrees to provide two weeks of notice before discontinuing services.

Holidays will include New Year’s Eve, New Year’s Day, Martin Luther King Day, Presidents Day, Patriots Day, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving (Wednesday – Friday), Christmas Eve, Christmas. The program will be closed for vacation the first week in July. Parents must provide diapering needs, additional clothing, and any special dietary needs for their child(ren).

By signing this contract, you are allowing your child to be photographed. Images may be used for:  
( ) program records ( ) social medial or advertising ( ) display with the program.

The State of Maine states that all licensed child care providers are mandated reporters, meaning we are required by law to report any and all suspected child abuse and / or neglect.

By signing this contract, all parties agree to abide by the written policies of the provider. Failure by the provider to enforce any terms in the contract does not waive the right of the provider to enforce any other terms of the contract. Any amendments to the policies will follow a 1-week notice period before they go into effect. If a parent or legal guardian is under the age of 18, a co-signer must sign the contract and be bound by all terms.

---

Mother / Legal Guardian's Signature and Date

---

Mother's Employer

Address

Telephone Number

---

Father / Legal Guardian's Signature and Date

---

Father's Employer

Address

Telephone Number

---

Provider Signature and Date

## Baby Steps Nursery & Childcare Contract

Between Baby Steps Nursery & Childcare and:

---

Mother / Legal Guardian	Address	Telephone Number
-------------------------	---------	------------------

Email Address: \_\_\_\_\_

---

Father / Legal Guardian	Address	Telephone Number
-------------------------	---------	------------------

For the care of: \_\_\_\_\_ Date of Birth \_\_\_\_\_

---

---

---

---

**Philosophy:** I believe my job as a child care provider is to support the role of the parent. I will strive to enhance the physical, emotional and cognitive growth of each and every child. I use only positive methods of child guidance.

We are a licensed child care program inspected by the State of Maine. We operate our facility in compliance with the State Rules for child care programs. Our child care programs meet or exceed all licensing, fire, health and safety requirements. Therefore, we require that immunization records or a statement of philosophical belief that precludes immunization be provided for all children before we provide care.

Program hours of operation: 7:00 AM – 5:30 PM

The hours for my child(ren) will begin at \_\_\_\_\_ and I will pick up my child at \_\_\_\_\_.

Full Time Rates: 2 months – 15 months is \$300 per week  
16 months – 30 months is \$275 per week

A \$100 registration fee per child will be paid upon enrollment. All registration papers need to be completed and returned before your child begins child care at our facility.

All payments must be paid on time. If a payments are late you will be asked to find another service. Keeping your account up to date will allow your child to remain in our daycare.

Any returned checks will be charged a \$25 late fee. All payments will be made through Procure.