



Drop In Enrollment

Entrance Date

Withdrawal Date

Child's Name

Sex

Age

Birthdate

Home Address

Home Telephone Number

Father's Name/Home Address/Telephone Number, If different from child's

Place of Employment/Address of Employment/Business Number

Mother's Name/Home Address/Telephone Number, If different from child's

Place of Employment/Address of Employment/Business Number

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

Name
Number

Address

Telephone

Persons to contact in case of an emergency when parents cannot be reached:

Name

Address

Telephone Number

Name of public or private school child attends, if any:

Child's Physician or Clinic's Name (Child's Primary Health Source)

Telephone Number

My child has the following special need(s):

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Signature (Parent/Guardian) _____ Date _____



Drop-in Contract

I, _____, agree that Learning Hive will care for
(Child's Name) _____ Date of Birth _____
Care will be provided on a Drop-in, as needed and space is available, basis. A 24-hour minimum
notice is required each time care is needed.

I understand that the fee for Drop-in Care is \$_____.
I am fully aware that there are no discounts for multiple children. I agree to pay Learning Hive
before drop off child(ren).

Care will include meals and snacks according to the time of day the child(ren) are in care. It is
the parent's responsibility to provide such things as diapers, wipes, pull ups, change of clothes,
etc.

Late fees of \$1.00 per minute will apply if child is not picked up at the time agreed upon at drop
in. Sick children are not accepted. If symptoms develop after check-in and you are not available
to pick-up your child, we will call the emergency contact people listed.

A copy of valid driver's license or picture identification is required at time of drop in.
This also certifies that the parents have received, read, agreed to, and signed all childcare
Policies and procedures. These policies are legal and binding.

Mother's Signature

Date

Mother's Address

Mother's Contact Phone

Father's Signature

Date

Father's Street Address

Father's Contact Phone

Emergency Contact Name

Telephone Number

Provider's Signature

Date