



# Almost Mom

State of Texas Licensed Home Child Care

Heidi Pearson 8932 Risky Trl Fort Worth TX 76244 817-741-2762 www.almostmom.net

## Contract and Rate Agreement Operation Number: 1037786

*This form needs to be signed by both parents and notarized in order for your child to receive care*

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address: \_\_\_\_\_

Mom's Full Name: \_\_\_\_\_ Dad's Full Name: \_\_\_\_\_

### Parents initials

\_\_\_\_\_ The above listed child is allowed to participate in **all** activities at *Almost Mom In Home Day Care*. These activities include, but are not limited to: playground, outdoor games, swimming pool, outdoor and indoor equipment, water sprinkler, sand box, walks/stroller rides, cooking and crafts.

\_\_\_\_\_ The above listed child is allowed to be transported from the residence of 8932 Risky Trl Fort Worth, Texas. Transportation will include but not limited to: emergency situations or field trips with the children.

\_\_\_\_\_ The above listed child will be allowed to have photographs, images or video taped recordings taken. These images will be used for purposes within or related to the childcare. Such items will include but not be limited to: crafts, scrapbooks, or wall displays. These images will not be sold or used for contest purposes outside of the childcare. *Almost Mom In Home Day Care*, will comply with the criteria of the Privacy Act of 1974.

\_\_\_\_\_ In a medical/surgical emergency situation, Heidi Pearson or any other persons at 8932 Risky Trl Fort Worth, Texas of *Almost Mom In Home Day Care*, has the authority to authorize any and all necessary medical treatment for the above listed child. This list includes but in not limited to: ambulance transport, tests, procedures and treatment. Prior to using this release all attempts will be made to contract the parents and/or alternative emergency contact, with the exception of 911 emergency situations. In the case of 911 emergencies, notification will occur as soon as possible. It is the financial responsibility of the parents/guardians to pay for any and all expenses relating to any illness or injury while the above listed child is in the care of *Almost Mom In Home Day Care*.

\_\_\_\_\_ As parents/guardians of the above listed child, we have received and reviewed all the information provided by *Almost Mom In Home Day Care*, and agree with **all** terms of the contact and policies within the Parent Handbook.

\_\_\_\_\_ Rate Agreement: **Pay cycle:** Weekly **Amount:** \$\_\_\_\_\_

In the state of Texas, in the county of \_\_\_\_\_ swore to and subscribed before me

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary printed name

\_\_\_\_\_ Notary Seal:

Parent/guardian signature

Parent/guardian signature

Notary signature

Date