

---

# Creative Critters Learning Center

## Supply List

### Paperwork Required:

State of Virginia School Entrance Form

- ❖ Well check & Immunizations with doctor's signature on Immunization

Copy of Birth Certificate

Completed Kangaroo time Registration

- ❖ Two emergency contacts are required. They must reside at different address from the child's parent and each other. Address & phone number are required.

Financial Agreement

Permission slip for sunscreen and diaper rash cream application

Photo/Video Release Form

**Cuddlebugs Room (6 weeks -16 months)** All items should be labeled with child's name

- Crib Sheet and blanket
- Diapers/ wipes (package labeled with name)
- Diaper rash cream (if needed)
- Changes of clothes in a Ziploc bag
- Bottles and formula
- Baby food and snacks

**Caterpillar 1 Room(16 months -2 years)** All items should be labeled with child's name

- Fitted Sheet and Blanket
- Change of Clothes in Ziploc bag
- Diapers and Wipes
- Sippy Cup
- Sunscreen, bug spray, and diaper cream

**Caterpillar 2 Room(2 years -3 years)** All items should be labeled with child's name

- Fitted Sheet and Blanket
- Change of Clothes in Ziploc bag
  - Potty training children should have at least 5 pairs of underwear, pants/ shorts and socks for extra clothes
- Diapers and Wipes
- Sunscreen, bug spray, and diaper cream

**Butterfly (3 -4 year olds)** All items should be labeled with child's name

- Fitted sheet and blanket
  - Change of clothes in a Ziploc bag
-

- Sunscreen and or bug spray



# Permission to Administer Diaper Rash Ointment

My child \_\_\_\_\_ may have Diaper Rash  
Ointment applied as needed for diaper rash.

I will provide the diaper rash cream \_\_\_\_\_ in its original container labeled clearly  
with my child's name.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Creative Critters Learning Center

## Sunscreen/Insect Repellent Form

I give permission to Creative Critters Learning Center staff to apply the provides sunscreen and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/ insect repellent in the morning before I bring my child to the center and the staff will re-apply it before going outside. Furthermore, I understand that insect repellent (if provided) will be applied no more than once per day.

**Note :** Each sunscreen/insect repellent container must be labeled with your child's name.

### By signing I attest that:

- ❖ The sunscreen provided is UVA and UVB protection of SPF 15 or higher and must adhere to expiration date.
- ❖ The insect repellent provided contains DEET.
- ❖ The sunscreen/ insect repellent I have provided has been previously applied to my child with no adverse reactions.

Child's First and Last Names:

---

Parent/ Guardian Signature:

Date:

---

### Sunscreen

Brand

Exp.

---

## Insect Repellant

I have chosen not to provide insect repellent

1. Brand

Exp.



## CREATIVE CRITTERS LEARNING CENTERS FINANCIAL AGREEMENT

Child's Name \_\_\_\_\_

Program \_\_\_\_\_

Location \_\_\_\_\_

- Registration Fees are non refundable
- Weekly payments are withdrawn every Monday
- Bi weekly payments are withdrawn on the first and third Monday of every month. If there is a five-week month the additional week will be deducted on the second withdraw.
- Monthly payments will be deducted the first Monday of the month.
- A fee of \$45.00 will be charged to your account for insufficient funds.
- Your weekly tuition rate is \_\_\_\_\_.
  - Please circle Weekly, Bi weekly, or Monthly as payment choice.
- An additional \$10.00 will be charged to your account for late pick-up after 6:00pm. An additional \$2.00 per every 2 minutes you are late will additionally be charged to your account. If at 6:15 we have not had contact with you, we will attempt to contact your emergency contacts on file. If no contact is made with any of the above, the local police will be contacted.
- Three weeks advance notice is required for withdrawal and 4 weeks for Infant withdrawal is required. We reserve the right to bill your account on file if the above withdraw policy is not followed.
- If my child has a communicable disease, I will notify the center within 24 hours of diagnosis.

- I understand if my child has a communicable disease they must be symptom and fever free without medication prior to returning to the center.
- If my child becomes ill at the center, I understand I have one hour to pick up my child.
- I have read and agree to the terms of the Parent Handbook

**SCHOOL AGE**

- Tuition for Before and After School is billed September-June regardless of attendance.
- Additional fees for School Holidays and Closings will be applied.

*Continued on reverse side*

By signing this agreement, I acknowledge I have read each financial policy and I am in agreement.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Child's Previous Daycare: \_\_\_\_\_

Concurrent Program for Child: \_\_\_\_\_

**Authorization for Emergency Medical Care**

If I cannot be contacted in an emergency, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_

Date\_\_\_\_\_

**Hold Harmless Agreement**

I agree to release and hold harmless Creative Critters Learning Center LLC and its employees, from any accident or harm that may occur should I retain the services of any Creative Critters employee for the care of my child(ren) outside of the child care center. I understand that Creative Critters LLC does not condone or encourage its employees to babysit for parents of enrolled children outside of the childcare center. If I retain the services of any Creative Critters LLC employee in such capacity, Creative Critters LLC has no responsibility and is held harmless from any accident, which may occur.

Signature of Parent or Guardian\_\_\_\_\_

Date\_\_\_\_\_





## Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_

(Parent or Guardian signature)

\_\_\_\_\_

(Date)