



# NUSD EMPLOYEES Child Care Contract # 1

## TK – 6<sup>th</sup> Grade 2020/2021

5715 Musick Avenue, Portable 21, Newark, CA 9456-2554

Phone: 510-818-4138 Fax: 510-791-5004

[www.newarkunified.org](http://www.newarkunified.org)

Desired Start Date: \_\_\_\_\_

NUSD Employee Name: \_\_\_\_\_

NUSD Employee Position: \_\_\_\_\_

Job Site Location: \_\_\_\_\_

School Site you wish to enroll your child: \_\_\_\_\_ Elementary

Child # 1 Name \_\_\_\_\_ Grade \_\_\_\_\_

Child # 2 Name \_\_\_\_\_ Grade \_\_\_\_\_

Child # 3 Name \_\_\_\_\_ Grade \_\_\_\_\_

Children will be accepted to the NUSD Child Care Program regardless of sex, race, religious affiliation, or nominal origin, providing the program meets the needs of the child. Please indicate in which of the available shifts below you enroll your child(ren). The shifts and hours that you indicate on this contract are non-transferable and your child will remain in that selected time for the remainder of the 2020-21 school year.

<b>Child Care Options/ Monday to Friday</b>	<b>Child # 1</b>	<b>Child # 2</b>	<b>Child # 3</b>
<b>Full Day:</b> 7:30am - 5:00pm			
<b>AM Half Day:</b> 7:30am - 12:00pm			
<b>PM Half Day:</b> 12:30pm - 5:00pm			

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### Child Care Rules:

1. Newark Unified School District Child Care Program cannot assume responsibility for any child until he/she has been signed in by a parent. A parent/guardian must sign in each child unless they come directly from the school. A parent/guardian must sign out each child when picking up. A parent/guardian must notify the Child Care staff if a student is picked up early from school or is absent. If a child must be released to another adult, the parent/guardian must send written authorization unless they are already on the emergency school card.
2. Children who attend the Newark Unified School District Child Care Program are required to follow school rules. If a student is suspended from school, on in-house suspension, etc., he/she cannot attend Child Care for the duration.
3. The State of California Licensing Agency has the following authority: (1) To interview children, or staff, and to inspect and audit child or facility records without prior consent; and (2) To observe the physical condition of the child(ren) including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).
4. The Child Care Office must receive an Exit Notice two weeks in advance if the student(s) will be dropped from the program.
5. Please pick your child up before 5:00 pm. The program closes at 5:00 pm Monday to Friday.
6. Please bring all materials and supplies related to online learning with your child (**headphones**, laptop, power cord, etc.) to the Child Care Center.
7. **If your child/ren are not NUSD enrolled students, please fill out the attached emergency form.**

**Parents/Guardians:** Please provide the following information and return this enrollment contract to the NUSD Child Care Office. By signing, you agree to follow the enrollment agreement Child Care Rules above.

Guardian #1 Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell # \_\_\_\_\_

Legible Email: \_\_\_\_\_ Work # \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Guardian # 2 Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell # \_\_\_\_\_

Legible Email: \_\_\_\_\_ Work # \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TO BE COMPLETED BY NUSD CHILD CARE STAFF ONLY		
Plan: _____	Number of Children: _____	Start Date: _____
Customer #: _____	Date Activated: _____	