



# Guardian Angel Daycare

Skaggs Catholic Center  
300 E 11800 S  
Draper, UT 84020  
801-984-7135

## 2018 Summer Program Application

**For children entering 4 year old preschool  
and Kindergarten in August, 2018**

Welcome to our Preschool summer program! A fun and exciting summer is planned for your child with educational presentations, water days, puppet shows, an enriched curriculum and even a few field trips.

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Entering PK4 / Kindergarten  
School year 2018/2019

Street Address \_\_\_\_\_ City - State - Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Custodian \_\_\_\_\_ Ethnic Background \_\_\_\_\_

### **Primary Parent:**

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell/Pager: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Parish: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **Secondary Parent:**

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell/Pager: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Parish: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### **Please indicate days attending (Payments are June, July, and August):**

- \_\_\_\_\_ Full time: 48 days of happiness \$2400.00 – three equal payments of \$800.00
- \_\_\_\_\_ Three days a week 30 days of happiness \$1590.00 – three equal payments of \$530.00
- \_\_\_\_\_ Two days a week 20 days of happiness \$1060.00 – three equal payments of \$353.00
- \_\_\_\_\_ Daily visits under 20 days of happiness \$53.00 a day

I hereby authorize the following individuals to sign my child out of the *Guardian Angel Daycare*:

\_\_\_\_\_ Minor ( ) Friend ( ) Family ( )

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**EMERGENCY CARE INFORMATION:** List two local relatives, neighbors, or friends to whom you delegate full authority and temporary care of your child if you cannot be reached immediately.

Name	Relationship	Telephone ( )
Address	City / State	Zip Code
Name	Relationship	Telephone ( )
Address	City / State	Zip Code

In case of an emergency, I authorize Guardian Angel Daycare to call the physician's office and follow their instructions.

Doctor's Name	Telephone ( )
Address	City
Allergies	Medical Condition

## **CHOICE OF HOSPITAL**

<ul style="list-style-type: none"> <li>I AUTHORIZE <i>GUARDIAN ANGEL DAYCARE</i> TO CALL AN AMBULANCE OR PARAMEDICS OR FIRE DEPARTMENT, AND TO FOLLOW THEIR INSTRUCTIONS.</li> <li><i>GUARDIAN ANGEL DAYCARE</i> DOES NOT ASSUME ANY RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME RESPONSIBILITY FOR MEASURES TAKEN.</li> </ul>
PARENT OR GUARDIAN SIGNATURE _____ DATE _____ MM DD YYYY / /

**Contractual Understanding:** Guardian Angel Daycare is a year round childcare facility. Infants through Toddlers that attend full time and would like the summer off, may save their space for a cost of 50% of the monthly fee per month. Preschool aged children will be charged for the days they signed up for; payment will then be divided into three equal payments: June-August.

It is understood by the undersigned parent(s) and/or guardian(s) that this contract is a legally binding agreement. Guardian Angel Daycare Child Development Center agree to provide child care service in consideration of the fees charged, and the parent(s) and/or guardian(s) agree to pay the fees, as set forth. It is further understood and agreed that non-payment or late payment of the fees, and other charges may result in one or more of the following consequences: \$30.00 late fee per month and/or dismissal from Guardian Angel Daycare. In the event of non-payment, I/we agree to pay all penalty related costs and all collection expenses including reasonable attorney fees and court costs.

Please note, will be taking pictures of the children throughout the summer. These photos may be posted on our website, unless you specify, in writing, that you do not wish your child's photo(s) to be used. Others may be posted on our bulletin board.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_