GOLDEN BLOOM LEARNING & CARE LLC

CHILDCARE ATTENDANCE AGREEMENT

Where Learning Blossoms & Care Comes First

Child's Full Name: _____
Parent/Guardian Name: _____

PURPOSE
Consistent and timely communication helps Golden Bloom Learning & Care LLC maintain safe supervision, reliable scheduling, and fair availability for families.

SCHEDULING
☐ I understand that childcare is provided by confirmed appointment and is subject to availability.
☐ I will verify the scheduled date, drop-off time, and pickup time before each care session.
☐ I understand that a request for care is not confirmed until Golden Bloom has accepted the booking.

ARRIVAL & PICKUP
☐ I will make reasonable efforts to arrive at the agreed drop-off time.
☐ I will pick up my child by the agreed pickup time or contact Golden Bloom as soon as possible if I expect to be late.
☐ I understand that care extending beyond the scheduled time may result in additional childcare charges.
☐ I understand that my child will be released only to an authorized individual whose identity can be reasonably verified.

CANCELLATIONS & NO-SHOWS
☐ I understand that Golden Bloom requests at least 24 hours' notice for cancellations.
☐ I understand that late cancellations and no-shows may be subject to applicable service fees disclosed at booking.
☐ I will notify Golden Bloom as soon as reasonably possible if illness, emergency, or another unexpected circumstance affects attendance.
☐ I understand that repeated late cancellations, no-shows, or late pickups may affect my ability to schedule future childcare services.

ILLNESS-RELATED ABSENCES
☐ I will not bring my child to care when the child has symptoms or a contagious condition that conflicts with Golden Bloom's illness policy.
☐ I will notify Golden Bloom of relevant illness or exposure information when it may affect health or safety.

COMMUNICATION
☐ I will maintain a working phone number and remain reachable during my child's scheduled care period or provide a reliable alternate contact.
☐ I will promptly communicate changes to my child's schedule, pickup authorization, medical information, or other information that may affect safe care.

AGREEMENT
I have reviewed the attendance expectations above and agree to communicate responsibly regarding my child's scheduled care.

Parent/Guardian Name: _____
Signature: _____ Date: _____
Golden Bloom Representative: _____
Signature: _____ Date: _____