

By filling out this form, I certify that I do agree to abide by the policies in the Parent Handbook. **Please initial next to each statement.** Spaces for both parents to initial and sign below, though only one set of initials and signature is necessary.

\_\_\_\_ I understand the medical policy, and that the center must have a copy of my child's immunization records.

**I also understand the illness policy.**

\_\_\_\_ I understand that payments **must be received by Friday at 5:30 pm or a late fee of \$10 per day** will also be due. No child will be cared for if they are not prepaid for the week. Accounts not settled within 7 days will result in the permanent withdrawal of student and your deposit will be forfeited – not applied to your bill.

Late fees continue to accrue daily until the balance owed is paid in full

\_\_\_\_ I understand that **my payment is specified in my care quote.** My current signed care quote is attached. I understand I am committing to the schedule on the care quote and that, if my schedule changes, I will sign a new care quote.

\_\_\_\_ I understand that late pickup/early drop off fees are **\$5 per 15 minutes late or early PER CHILD.**

\_\_\_\_ I understand that **I am responsible for my child's safety** before they are inside the front door of the center and after they leave the front door. Parent's must accompany their child on the premises.

\_\_\_\_ I am contracting childcare services for:  year round  school year only  summer only

\_\_\_\_ I understand that **rates may increase at any time**, but I will receive written notice and have the option to continue or discontinue care.

\_\_\_\_ I understand that if my children cannot attend as scheduled due to illness, inclement weather, appointments, early pickup, etc., **I am still obligated to pay for my regularly scheduled care.**

\_\_\_\_ I understand and accept that **substitute care providers may take over temporarily** in the event of teacher illness or appointments. I understand that only subs meeting the CCD teacher's aide or teacher qualifications WITH BACKGROUND CHECKS will be allowed to sub.

\_\_\_\_ I have read and I understand there are **10 (ten) holidays** that the center is not open for. I am responsible for finding alternative care those days.

\_\_\_\_ I understand that **I am required to provide any personal supplies** (i.e. diapers, formula, wipes, special snacks, tissues, etc.)

\_\_\_\_ I understand that **I provide my student with a lunch from home.**

\_\_\_\_ I understand that there are **registration fees EACH summer and fall.**

\_\_\_\_ I understand that **my deposit is 2 weeks of care and that it is refundable.** I understand that in order to get my deposit back, I must stay current on all payments AND give a minimum of 2 weeks' notice (14 days) in writing to the director. Deposits are refunded within 30 days of your last day.

By signing below, you agree that this is a legally binding form, and that you agree to adhere to all of the policies listed above as well as in the parent handbook.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date