

In order to assure that new parents clearly understand the procedures and policies of the Center, we ask all parents to read the policy book enclosed with this application packet and also to initial the following:

- _____ 1. Parents are responsible for payment of all fees on time. All tuition payments are due Monday morning (or the first day your child attends) for the **CURRENT** week. If your payment is not received by Wednesday morning a late fee of \$5.00 per day will be added to your account. If your payment is not received by Thursday morning, you will receive a notice informing you that your child will **NOT** be able to attend Friday without payment. Please keep in mind that the office does not open until 8:30am.
- _____ 2. There will be no reduction of fees for absences, except in the case of an extended illness of the child. Documentation will be required. It will be up to the director to decide to hold the position for the extended period.
- _____ 3. Since we are closed the week between Christmas and New Year and no tuition is required, we consider this the one week vacation period.
- _____ 4. I understand that I must walk my child into the building each day and make certain that a staff member knows he/she is present. Only persons 18 year of age or older are allowed to drop-off or pick-up my child. I also understand that I, or an authorized adult will pick my child up at pick-up time and inform a staff member that he/she is leaving.
- _____ 5. I understand that I, or whoever drops off or picks up **MUST** sign my child in and out each and every time. Parents are to use the thumbprint computer system. Other adults may use the manual sign in/out books in the classroom or office. I understand that signing my child in and out each and every time is **MANDATORY** and that this is a strict State of Florida licensing requirement. I also understand that there will be a \$10.00 fee assessed to my account each time this requirement is not met.
- _____ 6. I will keep my child home if he/she has; fever, diarrhea, vomiting, rash of unknown origin, or any other medical condition that prevents him/her from participating in the full program. I also understand that if my child is sent home with any of the above, they must remain home symptom free for 24 hours or return with a note from the child's doctor.
- _____ 7. All children must have a complete change of clothes at the center at all times. All children must also have a crib sheet supplied for nap time. The crib sheet will be sent home each week to be laundered and returned.
- _____ 8. I will inform the center in writing of any changes regarding phone numbers, addresses, employment or any change in the family structure.
- _____ 9. I understand that the center does not dispense medication.
- _____ 10. I understand that my child must be picked up **no later** than 5:30pm. In the event that I require additional care, I must phone the center to inform that I am delayed. If I am not able to arrive before 5:45pm, I must secure an alternate pick up person to do so. The center will not be able to provide care beyond 5:45pm. A \$10.00 convenience fee will be assessed each time the extended care service is used between 5:30 and 5:45pm. Additional late fees will apply after 5:45pm. This is not a daily use service.
- _____ 11. If, after a reasonable period of time, it is found that my child is unable to adjust to the center, the center deserves the right to request withdrawal. The decision is left to the director.
- _____ 12. I agree to give **TWO WEEKS** notice upon withdrawal or pay the difference.

Parent's Signature _____ **Date** _____