

Parental Agreement with Happy Place Learning Center

The Happy Place Learning Center (the "Center") agrees to provide day care for
(Child Care Center)
_____ from _____ to _____, from _____ to _____.
(Name of Child) (Month) (Month) (Year) (Year)

My child will attend the following days, hours and participate in the following meal and pre-payment plans (circle applicable meals and snacks):

Payment Plan (choose): Weekly _____ Monthly _____
Days (check all that apply): Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Hours (enter times): Arrival _____ (am | pm) Departure _____ (am | pm)
Meals (check all that apply): Breakfast _____ Morning Snack _____
Lunch _____ Afternoon Snack _____

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

I acknowledge it is my responsibility to pay for my child's care in advance per my pre-payment plan above and that delinquent payment of more than 7 days will result in late fees and possible dismissal of my child from the preschool and/or after school programs.

I acknowledge the Center's right to reimbursement for any collections and attorney's fees accrued during pursuit of unpaid payments by me or other litigation between the Center and I, should it arise.

I acknowledge that my child's enrollment in the Center is at the discretion of the Center's director. If at any time the director decides withdraw the enrollment privilege to my child, I acknowledge that I will forfeit any tuition and fees paid to the Center.

The Center agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the Center to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for the Center.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator)