**2024-25 Registration**

**Child**

Legal name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_\_\_\_

Child Lives With:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother or Guardian:** *please star (\*) the preferred contact number*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Father or Guardian:** *please star (\*) the preferred contact number*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Medical**

Child’s Major Medical Coverage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Medical, Allergy, or Dietary concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction/Action Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Children in home (name and ages)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick Up:** Emergency contact persons other than parents authorized to pick up child

Name: Address: Phone: Relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons **unauthorized** to pick up my child:

Name: Relationship: Is person prohibited by law from pick up? Y N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Program Requested: Preschool: FT \_\_\_ PT \_\_\_ VPK: FT \_\_\_ PT \_\_\_ VPK only \_\_\_ Early Riser \_\_\_\_\_

Private Elem grade: \_\_\_\_\_ After School Care: School attending:\_\_\_\_\_\_\_\_\_\_\_\_ Public Elem grade: \_\_\_\_\_

How did you hear about us? Referral \_\_\_\_\_ Website \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If by referral, who can we thank for your enrollment?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Personal Information

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous school experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past illnesses (please give approximate dates and ages):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have frequent stomach aches? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ear infections? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child run a fever easily? \_\_\_\_\_\_\_\_\_\_\_

History of febrile seizures, asthma, or other life-threatening conditions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give a statement of your evaluation of your child’s health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state any speech, hearing, or vision problems or learning delays your child may have: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any physical or behavioral problems which might require special attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state the results of testing for any of the above problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What method of behavior management is used in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your child’s personality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What influenced you to choose our school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any other information you feel the staff should know about your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your child’s special interests? (Trains, Sharks, Stickers, Bow, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Parent Policy 2024-25

**I have read Lutz Learning Center's Parent Manual and agree to its policies and procedures. All policies are subjected to change as needed. Notice will be provided as timely as possible. I understand it is my responsibility to stay informed using the Center’s communication systems.**

1. I agree to pay a **non-refundable application fee**, first month’s tuition and one month’s reserve at the time of enrollment for the school year.
2. I agree to replace with cash any dishonored funds plus the processing fee within 24 hours of notice. Notify the Center immediately if you know your payment will not be honored. The Center has the option to require future payments in cash. I agree to pay collection costs necessary to collect unpaid balances. Legal maximum collection charges will apply.
3. **Advance payment of monthly tuition is required. Tuition is due on the 25th for the following month.** Late fees will be assessed on any tuition not paid by noon on the 1st business day of the month. Adherence to this policy willprevent disruption of educational services.
4. I am responsible to pay for the agreed schedule whether or not my child attends including holidays the Center closes. The center closes for 2 weeks during winter break. Annual tuition is divided into 10 or 12 equal monthly payments. Tuition remains the same each month. A vacation credit will only be applied to your account when requested in writing, one month in advance during our Summer Program.
5. **Students picked up late will be assessed late charges.** I agree to pay the **late fee per child of $5.00 per 5 minute increment** if my child is present after scheduled pick-up time. Late pickup fees after 5:30 pm are paid at that time directly to the staff member on site, to compensate them for their overtime.
6. In case of withdrawal of my child from the Center, **I agree to give written notice prior to the 25th of the current month that the following month will be my child’s last month. I understand that if written notice is not given, I forfeit my last month’s reserve.** .
7. If considered to be in the best interest of the Center, I understand the **Center may suspend or dismiss my child or family at any time for any reason that puts the health and safety of the program and its families at risk**. Refunds will only be given based on the above policies
8. I will provide the **required health forms** for my child upon enrollment and will update them as required. I understand my child may not attend the Center without a valid health form and I am responsible for tuition fees during this absence.
9. I understand my child may not attend the Center when the child is suspected of being in a **contagious state** as defined in the Parent Manual. I agree to remove my child from the Center immediately upon notification of said condition. Children not removed within one hour of notification will be charged late pick up fees. Children sent home in a contagious state must be symptom free for 24 hours and may not return the following day at a minimum. Covid policies are fluid and based on regulations.
10. I understand medication will only be given to my child when the **proper authorization** form is completed daily for the time specified by the Center. **Prescription medications** must be in original containers with prescription label and must be prescribed for my child. Sample medications from doctors must be accompanied by written prescription from the doctor. Dosages must coincide with label unless doctor’s note specifies differently for both prescription and over the counter medicine. We will not administer any medication that is a fever reducer. Medicine MUST be placed in our medicine bin and MAY NOT be within reach of the child, or in the child’s cubbie or school bag.
11. I agree to notify the Center immediately of any **changes of address, phone numbers, email address, places of employment, medical conditions, or custody issues.**
12. I will label all my child’s belongings and will not hold the Center responsible for lost or damaged items. **I understand I should not send in items of special value or any toys.**
13. **I agree to provide a clean crib sheet and light blanket for my child on a weekly basis if my child will be taking a nap**. I agree to maintain a spare change of clothes in my child’s cubbie at all times and a jacket or sweater during the cooler season. I am aware school policy mandates well fitting, closed toed black shoes and a school uniform (as outlined in the Parent Manual).
14. **I am aware the School Day begins at 8:30 AM.** Children who arrive more than 15 minutes late without a (prior) excused tardy may be turned away for the day. Students enrolled in the Early Riser Program must be in attendance prior to 8:00 AM to be included in Breakfast. Excessive absences may result in being withdrawn from our program.
15. I understand and agree to the use of **redirection, positive reinforcement, and reflection time** as the Center’s method of behavior management.
16. I hereby grant permission for my child to use all the playground equipment and participate in all activities of the Center. I verify **I have personally inspected the playground** and agree to periodically re-inspect said equipment.
17. I hereby grant permission for my child to be included in **evaluations and pictures** connected with the Center’s programs and promotions.
18. The Center is required by law to **report suspicion of child abuse or neglect**.
19. I will not hold the Center or its employees liable for **incidents beyond their control**. I am **responsible for my child’s medical expenses** incurred as a result of injuries or illnesses. All accidents and incidents will be documented and require your signature.
20. I hereby grant permission for the staff to take whatever steps necessary to obtain **emergency medical care for my child**. These steps may include, but are not limited to the following and not necessarily in this order:
21. Attempt to contact parent or guardian.
22. Attempt to contact persons authorized on registration form.
23. Call 911 for emergency medical assistance
24. The physician and/or medical facility are authorized to administer medical treatment necessary to assure the health and safety of my child.
25. I have received and read a copy of “Know Your Child Care Facility”. I understand I must sign the State Required Distracted Driver form 2 times per year and the Influenza form 1 time each year.
26. I am aware of the Center’s drop off and pick up policy. I will sign my child in and out daily using the school’s app. I will not leave or pickup my child without personally making eye contact with the staff in charge. I will not leave my vehicle running in the parking lot, nor will I leave children in the vehicle unattended. I understand my child is not to leave the building unsupervised by an adult. I agree to notify the Center on days my child will be picked up by anyone other than the primary pickup person/s.
27. If applicable, I authorize the Center to use the diaper cream, bug spray and/or sunscreen I bring in for my child when appropriate. I agree to only bring in repellent and sunscreen in spray form, not lotion, and will label all products with my child’s name. I am aware bug sprays are only applied in the afternoon as needed and will spray my child when necessary in the morning.
28. If applicable, I give permission for the Center to transport my school age child to the Center.
29. If applicable, I give my child permission to participate in school field trips when the appropriate permission form for each trip is signed timely.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_