

**CHILD CARE AGREEMENT**

This child care service agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the Greenforest -McCalep Christian Early Learning Center hereafter referred to as the Center and **(parent(s) name)** \_\_\_\_\_ represented to us to be the true parent/legal guardian of the following child of which it is agreed child care services are to be provided.

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

The parties agree that the penalty for late pickup shall be \$10.00 for the first 15 minutes after closing and \$1.00 for every minute thereafter until 7:00 p.m. The parties also agree that after 7:00 p.m., if child(ren) has not been picked up, the Dekalb County Police will be contacted and the child(ren) turned over to them. It is the parent's responsibility to contact the Police Department to make arrangements for pickup. **All late pick-up fees are payable directly to the teacher before the child(ren) may return to class.**

**\_\_\_\_\_(Initial) The parties agree that the parent/guardian is to give the Director at least a one month (30 days) written notice of intent to withdraw from the Center. Refund policy on withdrawal is outlined in the Financial Policy.**

It is the policy of this child care center to dispense medication to children only with the parent's written permission. In order for your child(ren) to receive medication while at the Center, you must complete a Medication Authorization Form giving the child(ren)'s full name, the name of the medication, the prescription number, if any, the dosage, the dates and times the medication is to be administered, and your signature. We will not administer any prescription or non-prescription drug that is not in its original, clearly marked container with the child(ren)'s name written clearly on it. No medication is given for more than 10 days. The first dosage of any new medication must first be given at home. If necessary, a conference with the School Nurse should be requested to discuss unusual or critical information regarding your child's health or medical condition. **Medical equipment or asthma apparatus will be administered by the nurse or a designated person only.**

\_\_\_\_I understand that the Center will not allow any child(ren) to enter or leave the center unless escorted by an adult **(minimum age of 16 years old)**. I agree that when delivering my child(ren) to the center, I, or the person I have authorized, will personally deliver my child(ren) to the teacher or Center staff person in charge. At no time will I leave my child(ren) at the Center without first making his/her presence known to the Center's staff. Parents must sign each child in upon arrival and out upon departing. Parents also agree that photo I.D. must be presented, if asked, on demand.

**\_\_\_\_\_(Initial) I agree to notify the Center immediately of any changes that occur in the information provided on this form including work and home addresses, phone numbers, physician's name, change in living arrangements, change in health information, emergency contacts, etc.**

In case of a medical emergency, if medical attention is needed for my child(ren) before I can be contacted, I authorize the Center to act on my behalf by contacting medical emergency personnel and following their advice for my child(ren).

**I understand that my child(ren) has been placed in a class according to the age and development of the child(ren) as of December 31 of the current year. Children will move up to a new class as of the next school year.**

I understand that it is my responsibility to supply any food needed that is a modification to my child(ren)'s diet because of our religious beliefs. (Attach a signed statement.) I agree that if at any time a **physician or medical authority requires a modification in my child(ren)'s diet**, I will submit a signed statement from the medical authority with the specific modification stated. I agree to supply the food. I understand that it is my responsibility to supply all food/formula for children six (6) weeks to 12 months.

I understand corporal punishment is not used at the Center; however, should my child(ren) continuously misbehave, the parent/guardian will be contacted. It is required upon request the parent/guardian should immediately pick up the child(ren) and/or administer disciplinary procedures.

I understand for various reasons all students do not adjust to this learning environment. Considering this and having your child(ren)'s best interest at heart, the Director will in some cases recommend withdrawal. Students are given a 30-day adjustment period. It is also the policy of the Center that all children 30 months and up be potty trained as defined by the Center. In addition, **Braids, "locks" and "tails/ponytails" hairstyles are not allowed for male students age three (3) years and older.** Girls are not allowed to wear lipstick or jewelry at the Center.

**I have read the above carefully and hereby agree to its terms. I have also received, read and accept the Financial Policy and Statement of Greenforest- McCalep Christian Academic Center. I also agree to accept the interpretations of the policy and statement as made by the Board of Regents of the Greenforest-McCalep Christian Academic Center.**

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature Driver's License No./D.O.B. Date

\_\_\_\_\_  
Parent/Guardian's Signature Driver's License No./D.O.B. Date

\_\_\_\_\_  
Director's Signature Date