

16622 Dumfries Road

Dumfries, Virginia 22025

703-565-5062 (office)

**Parent Agreement**

**School Year 20\_\_\_\_ to 20 \_\_\_\_**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expected Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions: Initial in the blank after reading each statement. If the information in the statement does not apply, please write “NA” for not applicable. I agree to adhere to the following agreement:**

\_\_\_\_\_ I understand and agree that Proverbs Place is a biblical based- Christ centered program and my child will participate in Christian activities.

\_\_\_\_\_ The Center will be open Monday-Friday from **6:00am to 6:30pm** for children 12 months-12 years of age. In the event that a child is not picked up by 7:30PM and neither parent no emergency contact person can be reached, the Director or designee in charge will notify Prince William County Department of Social Services.

\_\_\_\_\_I wish to commit to the following full-time contractual hours (max. of 10 hours) Monday to Friday. If I need more than 10 hours of care daily, I agree to pay per child an extended day fee of $35.00 per week. Please note tuition is based on contractual hours not attendance.

|  |  |
| --- | --- |
| **Days of the Week** | **Hours Required** |
| MONDAY to FRIDAY | to |

\_\_\_\_\_ I wish to commit to the following set part-time contractual three days and hours (max. of 10 hours). If I need more than 10 hours of care daily, I agree to pay per child an extended day fee of $35.00 per week. Please note tuition is based on contractual hours not attendance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days of the Week | MONDAY \_\_\_\_ | TUESDAY \_\_\_ | WEDNESDAY \_\_\_ | THURSDAY \_\_\_\_ | FRIDAY \_\_\_\_ |
| Hours | to | to | to | to | to |

\_\_\_\_\_I need to provide the Center with at least 24-hour notice if I need to extend my contractual hours indicated above.

\_\_\_\_\_ I will have my child in the Center by 9:00am.

* I agree to notify the Center by 9:00am if my child will be absent that day or have a prior scheduled appointment. I further understand full tuition is charged to my child’s account any time my child is out in order to maintain my enrollment.
* I agree to have my child in the center **no later than** **11:00am** in order to receive lunch. No child will be accepted after 11:00am.
* I agree to escort my child into the Center, to his/her classroom, and sign in and out using the biometric reader each day at the reception desk. I will not allow my child to go unescorted at any time while at the center.
* Summer Camp hours are from 8am-4pm from June 12-August 23**. Before and after care is offered from 6:00-8:00am and 4:00-6:30pm for an additional weekly fee of $35**
* Families can have a minimum of two weeks or more when registering for summer camp**.**
* **A $35 late fee per child will be applied to your accounts after 6:30pm for late pick up.**
* **A $35 fee in 15 increments will be applied each day you are late picking up your child and must be paid before care is rendered for the upcoming week.**

\_\_\_\_\_I agree to provide the names and contact information of at least two emergency backups within a 20-mile radius.

* I agree to immediately update any changes to my emergency information within (1) business day.
* I will notify the center by email if anyone else will be picking up my child. I understand my child is released only to individuals who are listed on the emergency contact sheet for pickup with proper ID.
* I will call the center to notify the administrative staff in the event I or my child’s authorized pickup persons will be later than my designated contract time.

\_\_\_\_\_ I agree to pay the WEEKLY payments of \_\_\_\_\_\_\_\_\_\_\_ on Monday to maintain a $0.00 balance. Tuition payments are due every Monday by 6pm. Payments made after 6pm on Wednesday will be automatically charged a **$25.00 late fee by Wednesday**. If payments are not received by Thursday morning, your child will not be allowed into the program until the outstanding balance is paid in full. I also understand that full tuition will be charged for those days the center is closed, open late or closes early for holidays, inclement weather or conditions beyond our control.

* I agree to pay an ANNUAL registration and $50.00 processing fee at the time of enrollment. This fee is non-refundable and is to be renewed in the month of August for the following year.
* Full-time families enrolled one year from start date qualifies for an annual one-week free tuition credit (inclusive of holidays) per family. For the current school year, I agree to provide written notice two weeks in advance if I wish to use my child(ren) one-week free tuition.

\_\_\_\_\_ I agree to supply my child with a change of clothing, small blanket (baby receiving/travel size: NO comforters, quilts, large pillows) for naptime, sunscreen lotion and label all items.

* In addition, for parents of children under three years of age: I will supply diapers, training pants, wipes, extra clothes and will label all items.
* Proverbs Place Childcare staff has permission to apply a non-prescription over-the-counter skin product to my child as needed to include sunscreen, diaper ointment/cream and insect repellents.
* I agree not to dress my child in open-toe shoes or sandals per safety reasons. If you child is not wearing appropriate shoes, he/she can not participate in physical activities on the playground or GYM to avoid injury.

\_\_\_\_\_ The Center will notify me when my child becomes ill. I agree to arrange to have my child picked up as soon as possible or within one hour in case of sudden illness (temperature, vomiting, and diarrhea etc.). I understand my child is to stay home for the remainder of the current day and for the next 24 hours.

* I agree to complete and update the Written Medication Consent Form if my child requires medication during the hours of child care operation. I understand that over the counter medication will be administered in 10 days unless prescribed by a medical professional with a signature for extended use.
* I agree to provide the center with medication and the device to administer the medication for allergies, asthmatic issues, etc.
* I understand my child will not be allowed to attend school without a physician medical plan explaining the allergy, what to do if the child is expose and what action to take. As well as the medication to use in the event of an emergency.
* When an authorization for medication expires, the parent shall be notified that medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days will be disposed of by the center by either dissolving the medication down the sink or flushing it down the toilet.
* I understand my child may return to the center after: 1) being fever free for 24 hours 2) diarrhea free for 24 hours or has had a regular bowel movement 3) free from vomiting for 24 hours and has eaten/retained a meal 4) have taken at least 4 doses of antibiotic for any type of strep or bacterial infection.
* I agree to notify the center within 24 hours should my child or a member of my immediate family contract a communicable disease.
* I agree to have my child seen by my physician or other health official on a yearly basis and have the School Entrance Health Form’ filled out and returned to the center within 30 days of enrollment.

\_\_\_\_\_ I agree to allow my child to go on pre-scheduled field trips with the Center. I understand that I will be notified at least one week in advance of such trips. I reserve the right to withdraw my child from particular field trips at my discretion, I understanding this may require

I keep my child home for the designated day.

\_\_\_\_ I agree that my child(ren) must be accompanied by at least one adult in order to participate in pre-scheduled field trips.

\_\_\_\_ I understand that child care services will be terminated for any of the following reasons:

* My child’s tuition account becomes more than two weeks in arrears.
* Proverbs Place does not receive parental support and help when my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
* My child’s behavior pattern threatens his/her own health and safety or threatens the health and safety of other children and staff.
* Parents who are repeatedly late to pick up their children will be asked to make other child arrangements.
* I understand that if I am late picking up my child four (4) or more times in a one-month period, this contract may be terminated at the discretion of the Director.

\_\_\_\_\_ I will give a two-week written notice of my intent to withdraw my child from the Center or I will pay for those days. I understand

the free week of tuition cannot be used for this period.

\_\_\_\_\_ I agree for my child to be photographed during school events, on the premises and on school approved field trips.

\_\_\_\_\_ I give permission for my child to ride in the buggy/stroller while on the grounds of First Mount Zion Baptist Church.

\_\_\_\_\_ I give consent for my child to view a rated PG movie during center hours.

\_\_\_\_\_ I agree to abide by all the policies and procedures set forth in the Parent/Guardian Handbook and if I have any questions regarding

policies & procedures, I will discuss those questions with the Center’s Director or Assistant Director.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Center’s Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_