

# Parent Contract

***Please read the following policies carefully. Then Initial each section and sign this contract.***

\_\_\_\_\_ I understand that if payments to the program are not paid by Tuesday at 6:00 p.m. of each week I will be charged a \$10.00 late fee that must be paid with my regularly scheduled payment. Any returned checks will add a \$35.00 charge to my account and will require me to pay in cash for the remainder of my contract. Hope Care rates are subject to be reevaluated yearly.

\_\_\_\_\_ I understand that I must give a 2-week notice if I choose to disenroll my child from the program. I understand that I will be charged for these 2 weeks whether my child attends or not.

\_\_\_\_\_ I understand that my child must be picked up by 6:00 p.m. and that it is my responsibility to pay a late fee of \$1.00 per minute after business closing. If the child is not picked up by 6:30 p.m. or the parent has not made contact with the program and emergency contacts cannot be reached, Child Protection Services/police will be called.

\_\_\_\_\_ I understand that Hope Care will be held free and harmless from all injuries occurring to my child, except as to such injuries that directly result from an act of negligence on the part of Hope Care staff.

\_\_\_\_\_ I understand that in the event of an emergency, I give my permission to the teacher/director to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment. Staff will only administer prescription/non-prescription medications if the parent completes a medication form and medications are in the correctly labeled containers. Signing of the medication form releases Hope Care from any claim arising out of the doctor's actions. All contacts listed will be called first in case of an emergency –child's physician/hospital will be called if all attempts are unsuccessful. All medical expenses shall be the parent's responsibility.

\_\_\_\_\_ I understand I am to notify staff if my child is ill with a communicable disease.

\_\_\_\_\_ I understand that in the event of continual late pick-ups, a continual behavioral problem with my child, unpaid tuition, or for any other good cause, the Hope Care Program reserves the right to disenroll my child from the program indefinitely.

\_\_\_\_\_ ***Media Release Agreement:*** *I hereby irrevocably give my consent to Hope Care to use my child's likeness in promotional materials for use in slide shows, photographs and video. I hereby release Hope Care and its agents from subsidiaries, affiliates, and all others from any and all liability arising out of such use.*

***Field Trip Permission***

Throughout the year we may take various field trips. These trips will be regularly scheduled and posted so that parents will know where the children are and what time they will return to the center. We will be using a bus and/or van provided by Hope Lutheran Church. In some circumstances, the staff may use their own vehicles. I understand that I will need to provide a car seat as needed. By signing this sheet, I give Hope Care permission to take my child(ren) on field trips to and from Hope Care.

***Parental Responsibilities***

Parents of infants up to 1 year are required to provide formula along with bottles that remain at Hope Care. Parents can choose to provide their own formula or milk after the age of 1 or they will receive 1% milk provided by Hope Care. Parents are required to provide the necessary diapers, wipes, diaper rash cream, sunscreen, and a change of clothes for their child.

***Parent Consent***

I have read and understand all policies listed on both sides of this form. I have included a current immunization record for each child.

I have read and understand the Hope Care Parent Handbook.

_____	_____	_____	_____
Parent/Guardian	Date	Parent/Guardian	Date