Parental Agreements with Connection Pointe Christian Academy

1. The Connection Pointe Christian Academy agrees to provide day care for:

   __________________________________________ on _____________________________
   (name of child)      (days of week)

   From the hours of _____________________________a.m. and ___________________p.m.

   This agreement is from ________________________ until I give my two weeks written notice to the Center.
   (today’s date)

2. My child will participate in the following meal plan: (circle all that apply)

   Breakfast          Lunch        Afternoon Snack

3. I will provide written authorization prior to requesting any medication being dispensed to my child. This will include the date, my child’s name, name of medication, prescription # (if any), dosage and the date and time the medication is to be given. Medicine will be in the original container with my child’s name clearly marked. If medicine is over the counter, there must be a doctor’s letter stating dosage, date and time medicine should be dispensed.

4. I acknowledge that 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.

5. The Center agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which include my child.

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

7. Parent agrees to escort their child in and out of the building each day and to sign in and out each day of attendance.

8. I agree that I will keep my tuition current at all times at risk of having my child released from the Center. Tuition is due every Friday afternoon. Tuition received after this time is considered late & will be assessed a $35.00 late fee after Friday evening. If my account is over 1 week late, my child will be released from the Center and I will be assessed a $50.00 deposit plus one week’s tuition.

9. I have read and agree to abide by these policies and procedures.

Signature (Parent/Guardian)_____________________________________ Date: ____________

Signature (Director) _____________________________________________ Date: ____________