

Parent Contract

Both parents/guardians should read, initial each statement, sign and date the Parent Contract.

- _____ I have received a copy of the Parent Handbook, Fees, and Fee Schedule.
- _____ I have read and agree to abide by the policies and procedures set forth in the Parent Handbook and Fee Schedule.
- _____ I have read and understand the payment policy.
- _____ I understand that school closes each day at **3:30pm**.
- _____ I understand that Candi's Creative Playschool & Learning Center, LLC is **NOT** a daycare!
- _____ I understand that late pick-ups will result in additional charges (as outlined in the tuition contract).
- _____ I understand that my child will be dismissed from the program after being picked up late three times.
- _____ I understand that a late fee will be added to accounts that have not been paid on time.
- _____ I understand that tuition and late fees not paid will result in termination of services.
- _____ I understand that there are no deductions in fees when CCPLC is closed due to holidays, closings, inclement weather, or when my child is absent.
- _____ I understand that children may not be dropped off before **8:00am**.
- _____ I understand that I must pack a nutritious lunch for my child each day.
- _____ I understand that instruction begins promptly at **9:00am** (after breakfast) and that my child should arrive each day by 9:00am.
- _____ I understand that drop-off after **9:00am** is prohibited.
- _____ I understand that frequent absences will cause my child to be dismissed from the program.
- _____ I understand that CCPLC (Candi) does not carry liability insurance.
- _____ I understand that it is my responsibility to keep my child's records current and to make changes as they occur.
Examples: telephone numbers, addresses, work locations, emergency contacts, child's physician information, child's health status, immunization records, etc.
- _____ I understand that parent involvement is required. Examples: donating materials when asked, allowing child to participate in special days/activities, etc.
- _____ I understand that CCPLC does not dispense medications of any kind.
- _____ I understand that CCPLC will keep me informed of any accidents, illnesses, injuries, etc.
- _____ I understand that a weekly tuition fee of **\$220.00** is due each week unless stated otherwise.
- _____ I understand that if tuition is not paid by Monday morning at drop off, I will be billed an inconvenience fee in the amount of \$50.00, and my child may NOT attend until all fees are paid in FULL. I understand that I will be billed an additional \$10.00 each day that my tuition is unpaid.
- _____ I understand that I am paying for my child's space and not the time that he/she is present.
- _____ I understand that I will need to check the parent page often, so that I can stay up-to-date with announcements, closings and other happenings throughout the year.

Signed : _____ Date: _____
Mother/Guardian

Signed : _____ Date: _____
Father/Guardian

Signed : _____ Date: _____
Director (Candi Geter)