

## PARENT AGREEMENT FORM

**Each parent or guardian is required to complete this agreement prior to enrolling each child in our center. Please read each segment of the form and sign in the appropriate place.**

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Parent/Guardian	/	Home	/	Work	/	Cell
Mother	/		/		/	
Father	/		/		/	

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### **Medical Treatment/Care**

Child's doctor \_\_\_\_\_ Address \_\_\_\_\_

Office phone \_\_\_\_\_ Home phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Address \_\_\_\_\_

Office phone \_\_\_\_\_ Home phone \_\_\_\_\_

Should my child, \_\_\_\_\_, become ill or suffer an accident of any kind while he/she is in the care of the center, the center shall undertake to call me immediately. In the event the center is unable to reach me immediately, the center and/or its designated staff shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment for all medical costs incurred. I will hold harmless the Weekday Preschool and its' staff, MZBC and its' staff, Trustees and Deacons, for any accident or injury while attending the Weekday program.

Signature of parent/guardian \_\_\_\_\_

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Emergency contacts, other than the parent(s), to call if the child becomes ill or injured during the time he/she is at the center and the parent(s) cannot be reached.

Name	Relationship	Home phone	Cell phone	Work phone
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Name	Relationship	Home phone	Cell phone	Work phone
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### **Arrival/Departure Plan**

I, or a person authorized by me, will accompany my child into the center and into the care of a teacher.

Signature of parent/guardian \_\_\_\_\_

My child may be released from the center to the persons signing this agreement or to these persons only:

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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### **OPERATIONAL POLICIES**

#### **Admission Procedure**

All required forms must be completed and returned to the Director, along with the annual, non-refundable registration fee, non-refundable curriculum fee. The forms include the registration form, parent agreement form, Parent Handbook read receipt, church waver, as well as immunization form for all children five-years-old and younger.

#### **Financial Arrangements**

REGISTRATION/CURRICULIUM FEE: An annual, **non-refundable** fee of \$75 for Babies – 2's, \$100 for 3's and \$200 for 4's, Pre-K and Kindergarten.

TUITION: The tuition is payable on the 10<sup>th</sup> of the month. Tuition may be paid online, check, cash.

LATE TUITION: A late fee of \$25 is charged for tuition that is not paid by the 10<sup>th</sup> of the month.

RETURNED CHECK/TRANSACTION CHARGES: There is a \$30 charge for each returned check or failed online transaction. If more than one check is returned or online transaction is failed, the parent will be required to pay in cash, cashier's check, or money order for the duration of your child's time at our center.

\_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_

TERMINATION OF SERVICES: If for some reason the center is unable to continue to provide services for any child, the parent will be given two weeks' notice. **Likewise, parents are required to give two weeks' notice if the child will no longer attend the center.** Full fees are required during that time.

**Holidays**

The center will observe the following holidays:

1. Labor Day
2. Fall Break
3. Veteran's Day
4. Thanksgiving Week
5. Christmas/Winter Break
6. Martin Luther King Day
6. President's Day
7. Spring Break
8. Good Friday.

Full fees will be charged for the weeks in which these holidays occur.

\_\_\_\_\_ I give permission to MZBC Weekday Staff to use my child's picture through their private Facebook page, publications, and videos.

\_\_\_\_\_ I DO NOT give permission to MZBC Weekday Staff to use my child's picture on their private Facebook page, publications, and videos.

**I have read and understand the operational policies. I agree to abide by them, as indicated by my signature below.**

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_