

The Next Step Learning Center

2017/2018 Parent Contract and Acknowledgement

I/ We _____ am contracting services for _____

(Parent/Guardian) (Child/ren's Name)

My child/ren will attend the Center on the following days: **M T W TH F**

Contract Period

This contract period is from August 28, 2017-August 23, 2018.

Weekly Tuition Fees:

Registration Fee: _____

Customer Deposit: _____

Tuition(s): _____

Music Fee(s): _____

Fitness Fee(s): _____

(-) Any Sibling Discounts: _____

I/ We acknowledge that our weekly tuition rate is: \$ _____

Policies: Please Initial and sign for contract year Aug. 28, 2017-Aug. 23, 2018

_____ **Hours of Operation-** The center is OPEN from 6:30am-6:00pm, Monday thru Friday with the exception of the following Holidays.

_____ **Holidays-** The center will be CLOSED on New Year's Day, Good Friday, Easter Monday, Memorial Day, Independence Day, August 24th, Labor Day, Thanksgiving, the Friday after Thanksgiving, Christmas Eve, Christmas Day, and the day after Christmas .

_____ **Staff Development-** There will be 2 additional days for Staff Development throughout the year which the Center will be CLOSED. **This year we will be closed October 13th and March 9th.**

_____ **Release of Children-** Children will not be released to someone that is not listed on the Emergency Card, unless the Director has been notified beforehand. Photo identification must be presented at this time as well. For new families, it is a good idea to carry your ID with you until all of the staff can easily identify you.

_____ **Weather Policy-** The Center does not follow the Indian River School District public school closings or delays. The Director will make the final determination based on weather conditions. In the event of a closing or delay, it will be announced on WBOC, our Facebook page, and on our voicemail.

_____ **Sick Policy-** Children who become ill while in our care with the below symptoms will be sent home. **You child must be absent from school for a minimum of one day.** A note will be signed upon picked up which will determine the earliest day your child can return.

- **Fever of 100.4 or above (MUST be fever free for 24 hours without medication)**
- **2 episodes of Diarrhea /1 episode of vomiting**
- **Unexplained rash**
- **Any discharge or drainage from the eyes, ears, nose or any open sore**

_____ **Sick Pick Up Policy-** Children who become ill while in our care will need to be picked up within an hour of receiving our phone call. **Children picked up after the hour will be charged our standard late pick rate (see below) and will not be able to return until the late fee is paid.**

_____ **Lice-** Children who contract lice will be sent home immediately and will not be allowed to return until they are “Nit” free. Head checks will be conducted upon return and for 7-10 days after to ensure re-infestation has not occurred.

_____ **Medication Policy-** Medication will only be given if it is prescribed by a Doctor. Medication must come in the original container and be accompanied by a prescription.

***We will give medication ONLY if more than two doses are required and we NEVER give the 1st 3 doses.**

_____ **Medical Forms/Updates-** Each time your child visits the Doctor for a well check, please be sure to obtain an updated immunization record as well as a dated physical. The completed form must be given to the center. We need a copy of the most current yearly well check on file.

_____ **Discipline Policy-** I have read and understand The Next Step’s Discipline Policy that is outlined in the Parent Handbook.

_____ **Cell Phones-** In order to effectively communicate with your child's teacher about their day, please refrain from bringing your cell phone into the building. In order for our staff to provide the best opportunities for your child, we have requested they not use their cell phones for personal use while in the classroom. If you feel that this policy is being abused please feel free to speak to a member of the Administration.

_____ **Lunches-** If you are providing a lunch for your child it must include the following components set by the states guidelines: (1 Grain, 1 Protein, 2 Fruit/Veg) *only 100% Juice may be served. **If your child's lunch fails to meet the requirements, components will be added and you will be billed \$3.50.**

Financial Responsibilities:

_____ **Supply Fee-** A fee of \$40 for a single child/\$60 family fee will be charged to your account on September 1st of every year. This fee goes to both your child's class and the school for additional supplies.

_____ **Deposit Refund-** The deposit that the Center is holding will be applied to your account, when a two week written notice is received to terminate care.

_____ **Tuition/Payments-** Tuition is billed on Thursday for the upcoming week. Payments are due on Friday for that week.

If tuition payments are one week late your child will not be able to return to The Next Step until the payment is made in full. If tuition becomes two weeks late your deposit will be applied to the account and your child will lose their space.

_____ **Key Fobs-** Each family will receive two key fobs as part of the registration fee. Any additional fobs (including replacements) will be an additional \$10.00 charge. We will only give additional fobs to people that will pick up regularly. **Please inform us immediately if you have lost (or misplaced) your fob, so we can deactivate it until you find it.**

_____ **Non-Sufficient Fund Fee-** There will be a **\$30.00** fee for any checks returned from the bank due to insufficient funds.

_____ **Late Pick Up Fee-** A \$15.00 late fee will be charged for any child picked up after 6:00pm. A \$10.00 fee will be charged for every 5 minutes after 6:15pm. If you anticipate a late arrival please call the center, **although calling does not relieve you from the late fee.**

_____ **Vacation/ Sick Days-** Tuition is still due regardless of vacation or sick days.

General:

_____ I grant permission for my child to be taken off premises for walking field trips, including visits to the Selbyville Library.

_____ I will not hold The Next Step Learning Center, Inc. responsible or liable for any injury which may occur to my child, while in the care of the Center.

_____ I consent to emergency medical treatment being given to my child if needed. The Next Step Learning Center, Inc. will make every attempt to contact me as soon as possible.

_____ I have been offered a copy of the parent handbook and understand all of the center's policies, rules and regulations

Parent Signature

Parent Signature

Date

Director's Signature

Date