

For Children Only Receipt of Policies & Rates

_____ I have received a Parent Handbook. I have read and agree to all policies and procedures. I have received all information on how to contact the local licensing office, PRS abuse hotline, and PRS website. My signature also verifies I have read and received a copy of our Discipline and Guidance Policy.

_____ I have reviewed and understand the rates and late payment penalty policy.

- Tuition is due on Monday and late Tuesday at 6:30pm.
- I understand a late fee of \$10 will be charged to my account on Wednesday morning for all accounts with a balance due.
- I understand Tuition is due in full regardless if my child is absent from school.
- **I understand that after the 7th day of non-payment my child will not be able to attend until my balance is paid in full.**
- I understand a Supply fee of \$100 will be assessed annually upon my child's anniversary date and this fee is non-refundable.
- I understand a Summer Fee will be charged to my child's account at the beginning of June that will cover all field trips, activities, crafts, and food. This fee is non-refundable.

_____ I understand vacation is accrued annually upon my child's anniversary date and after completion of one year.

_____ I have read our Holiday Schedule and I am aware we are Closed Presidents Day, Columbus Day, New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and the day after, and Christmas Day. Specific policies are outlined under **HOLIDAY SCHEDULE** on pg. 3 of my handbook.

_____ I understand No Outside Food is Allowed – Breakfast is served from 6:30am-8:30am.

_____ I acknowledge receipt of the Health, Illness & Exclusion Policy. I agree to provide a doctor's note to the CCCS staff per request and/or in compliance with the Health, Illness & Exclusion Policy, due to my child being ill. **I agree that if I am called to pick my child up from school due to illness, I will do so within one hour from the time that I am contacted by school staff.**

Child's Name

Parent's Email

Parent's Signature

Date

Director's Signature

Date