

QUALITY INDICATORS

Quality children's centers offer healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a children's center setting, the following indicators should be considered:

CAREGIVERS

- ❖ Are friendly and eager to care for children.
- ❖ Are aware of the presence and activities of all children in their care.
- ❖ Accept family cultural and ethnic differences.
- ❖ Are warm, understanding, encouraging and responsive to each child's individual needs.
- ❖ Use a pleasant tone of voice and frequently talk with the children.
- ❖ Manage their behavior in a positive, constructive, and non-threatening manner.
- ❖ Allow children to play alone and in small groups.
- ❖ Are attentive to and interact with the children.
- ❖ Provide stimulating, interesting and educational activities.
- ❖ Demonstrate knowledge of child development.
- ❖ Communicate with parents or legal guardians.

ENVIRONMENT

- ❖ Is a safe and secure environment that fosters the growing independence of all children.
- ❖ Is clean, safe, inviting, comfortable and child friendly.
- ❖ Has easy access to age-appropriate toys.
- ❖ Displays children's activities and creations.

ACTIVITIES

- ❖ Are started by the children and facilitated by the teacher.
- ❖ Include social interchanges with all children.
- ❖ Include play, painting, drawing, story telling, music, dancing and other varied activities.
- ❖ Include daily exercise for development of both small and large motor skills.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, problem solve and be creative.

PARENT'S ROLE

The parent's or legal guardian's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, the parent(s) or legal guardian(s) should:

- ❖ Provide complete and accurate enrollment and health records. Update information as needed.
- ❖ Become familiar with the child care standards required to license the children's center.
- ❖ Ask about staff turnover.
- ❖ Know the policies of the children's center.
- ❖ Communicate with the caregiver.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk with child(ren) about daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

www.myflorida.com/childcare



Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School * Kindergarten

Day Nursery * School Age Center



PINELLAS COUNTY LICENSE BOARD
for Children's Centers and
Family Child Care Homes

8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pclb.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in [Licensing Regulations Governing Pinellas County Children's Centers](#).

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

A LICENSED CHILDREN'S CENTER MUST:

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ An annual notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

PERSONNEL REQUIREMENTS

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.
- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
 - Posted meal and snack menus.
 - Safe drinking water is available.

PHYSICAL ENVIRONMENT

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.
- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- ❖ Has isolation area for ill children.
- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- ❖ Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/fowl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)

Child's Name _____

ACKNOWLEDGEMENTS

Please initial all items and sign below

1. ___ I understand that my child will be photographed for public relations, archival purposes and classroom activities. I release Early Explorations Preschool from any liability regarding photos taken while enrolled at Early Explorations Preschool.
2. ___ I understand that my child's immunization and health records must be kept current to continue enrollment in Early Explorations Preschool.
3. ___ I understand that Great Explorations Children's Museum and Early Explorations Preschool are smoke free environment. Smoke is not permitted at any time or place in the building.
4. ___ I have received a copy of the Parent Handbook for Early Explorations Preschool. I agree to abide by all policies in this document. I understand that the policies in the Parent Handbook can be changed by Early Explorations Preschool with one weeks' notice.

Parents Name _____

Parents Signature _____ Date _____

E-Mail Address _____

Field Trip Authorization

I authorize my child, _____, to go on field trips to the Sunken Garden's while enrolled at Early Explorations Preschool. I understand that my child will be supervised by Early Explorations Preschool staff and that this authorization can be used at any time during the hours of operation (7:30 a.m.-5:30 p.m.), Monday through Friday. I also understand that I will not necessarily be notified prior to each field trip.

Parents Name _____

Parents Signiture _____ Date _____

RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT FOR MINOR TO ATTEND PROGRAMS OFFERED BY GREAT EXPLORATIONS, INC. AT SUNKEN GARDENS

In consideration of the attendance of _____

_____ (hereinafter referred to as the "Minor") in any and all programs offered by the Great Explorations, Inc. (hereinafter referred to as the "Program"), I/We, _____

_____ natural guardian(s) (as defined in F.S. s. 744.301) or legal guardian(s) of the Minor and the Minor hereby agree as follows:

1. I hereby acknowledge that Great Explorations, Inc. is the tenant of the City of St. Petersburg, Florida ("City") Sunken Gardens, and that the City is not affiliated with Great Explorations, Inc. and has no involvement in the Program.
2. I hereby agree that the Minor will be at all times required to comply with all rules and regulations of the Program and of the City of St. Petersburg and I accept on my behalf and on behalf of the Minor full responsibility for informing myself and the Minor of any changes to those rules and regulations.
3. The purpose of this Release, Waiver of Claims, Hold Harmless and Indemnity Agreement ("Agreement") is to release, waive claims and hold the City harmless for claims by me and/or the Minor against the City and that the consideration for this Agreement is the attendance of the Minor in the Program, which I agree is a commonplace child oriented community supported activity, and the City's waiver of any requirement that I or the Minor carry self funded liability insurance prior to the Minor being allowed to attend the Program. I acknowledge that, absent the execution of the Agreement, Great Explorations, Inc. would not have offered me or the Minor the ability for the Minor to attend the Program because of unacceptable exposure to liability claims.
4. I hereby agree, personally and on behalf of the Minor, that the Minor's attendance in the Program is only granted because of the understanding that in the event of injury to myself or the Minor, or damage or loss of property, that any insurance policy held by myself or for the Minor which covers such injury or loss shall be the primary source of any recovery.
5. I, personally and on behalf of my heirs, personal representatives, executors and assigns, and on behalf of the Minor and the Minor's heirs, personal representatives, executors and assigns, hereby release, waive, discharge and covenant not to sue the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, (hereinafter collectively referred to as "Releases"), of and from any and all claims, demands, actions, causes of action, judgements, costs, expenses, court costs, attorneys' fees or other damages or liability, of any nature whatsoever, including but not limited to personal injury, property damage or wrongful death, whether caused by the sole, contributory or gross negligence of Releases, or otherwise, or whether arising out of any defect, or presence or absence of any condition in or on any City property, premises, or right of way or in any City vehicle, which against Releases, I or the Minor ever had, now have, or can, shall, or may have, upon or by reason of, directly or indirectly relating to, or arising from, the Minor's attendance in the Program.
6. I hereby personally, or on behalf of the Minor, voluntarily and expressly assume full responsibility for any risk of bodily injury, death, and property damage due to the negligence, whether sole, contributory or gross negligence, of any or all Releases while the Minor attends the Program.
7. I hereby personally, or on behalf of the Minor, agree to defend at my expense, pay on behalf of, indemnify and save and hold harmless Releases, from and against any and all claims, demands, liens, liabilities, judgements, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorneys' fees at trial and on appeal for damage to property

or bodily or personal injuries, including death at any time resulting therefrom, sustained by any person or persons, which damage or injuries are alleged or claimed to have arisen out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program, including without limitation, damage or injuries alleged or claimed to have arisen out of or in connection with the Minor's negligence, whether sole, contributory or gross, whether or not the damage or injuries are alleged or claimed to have arisen in part due to any negligence of the Releases or other third party, my intentional wrongful actus or omissions, or my failure or the Minor's failure to comply with applicable laws, rules, regulations, standards and ordinances.

8. I also agree that I am responsible for any and all damages that I or the Minor willfully, accidentally, or negligently inflict upon Releases or third parties as a result of the Minor's attending the Program.
9. I expressly agree, personally and on behalf of the Minor, that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and should any paragraph or portion of any paragraph of this Agreement be rendered void, invalid, or unenforceable by any court of law for any reason, such determination shall not render void, invalid, or unenforceable any other paragraph or portion of this Agreement.
10. I have read and voluntarily sign this Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.
11. I understand that I am encouraged to seek the advice of an attorney prior to signing this Agreement, and that I have been given the opportunity to seek such counsel.
12. I hereby agree that I am the natural guardian(s) or legal guardian(s) of the Minor and that I am fully competent and legally able to execute this Agreement on behalf of the Minor with the intent to bind both myself and the Minor by the terms hereof.
13. NOTICE REQUIRED BY F.S. s. 774.301 TO THE MINOR'S NATURAL GUARDIAN(S).
READ THIS AGREEMENT COMPLETELY AND CAREFULLY. I AM AGREEING TO LET MY MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. I AM AGREEING THAT, EVEN IF RELEASES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE MY CHILD MAY BE SERIOUSLY INJURED OR KILLED BY ATTENDING THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS AGREEMENT I AM GIVING UP MY CHILD'S RIGHT AND MY RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. I HAVE THE RIGHT TO REFUSE TO SIGN THIS AGREEMENT, AND THE GREAT EXPLORATIONS, INC. HAS THE RIGHT TO REFUSE TO LET MY CHILD ATTEND IF I DO NOT SIGN THIS AGREEMENT.

THIS RELEASE, WAIVER, HOLD HARMLESS AND INDEMNITY AGREEMENT MUST BE SIGNED BEFORE THE MINOR MAY ATTEND THE PROGRAM.

BY SIGNING THIS AGREEMENT YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS, YOU MUST READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.

IN WITNESS WHEREOF, the undersigned has caused this Agreement to be executed this _____ day of _____, 20_____

BY: NATURAL GUARDIAN OR LEGAL GUARDIAN OF MINOR (with legal authority to execute this Agreement on behalf of the Minor if the attendee is under 18.)

(Sign)_____

(Print) _____ (Date)_____

AND

BY: MINOR (any attendee under 18 years of age.)

(Sign)_____

(Print) _____ (Date)_____

THIS RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT SHALL NOT BE MODIFIED, MARKED THROUGH OR CONDITIONED BY ANY ATTACHMENT OR WRITTEN COMMENTS.



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or hand the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

Check list for Enrollment and/ Re-Enrollment

Please COMPLETELY fill out the forms. ***Please does NOT use “see above”. The licensing regulations state all lines must be filled out accurately and completely. Put NONE or N.A. (not applicable) if the item is not applicable.***

- ___ Child’s full name
- ___ Days and hours of care
- ___ Date of birth
- ___ Emergency contacts (name, address, phone number)
- ___ Physicians (name, address, phone number)
- ___ Hospital preference
- ___ Dentist (name, address, phone number)
- ___ Copy of Museum Membership Card
- ___ Re-Enrollment yearly fee of \$75.00(Non Refundable)
- ___ Acknowledgments signed
- ___ Sunken Gardens wavier signed
- ___ Emergency Medical Release notarized
- ___ PCLB Food Experience Permission Form signed
- ___ Updated immunization and Heath Exam or physical
- ___ Payment Authorization forms
- ___ Receipt of Parent Handbook
- ___ Shirt size
- ___ Copy of I.D.
- ___ Financial agreement signed

**Early Explorations Preschool
Contract and Financial Agreement**

2016-2017

The Early Explorations Preschool Handbook of Policies and Procedures explains all of the policies in place. This agreement is reviewed annually at which time a new updated handbook will be given to parents. If changes are made to the handbook throughout the year, parents will be notified in writing a minimum of two weeks in advance.

Contract Effect Date: ____/____/____

This contract is between _____ (herein called Parent(s)/Guardian(s) and **Early Explorations Preschool** (herein called Provider).

Parent(s) Name: _____ Parent(s) social security number: _____/____/_____

Child's Full Legal Name: _____ Birthdate: ____/____/____



Contracted Days and Times are for Mon. - Fri. from 7:30am until 5:30pm. All students should be at school no later than 9:00am.

Start Date: ____/____/____

Note any exceptions to the above:

Registration Fee: Parents will pay a non-refundable registration fee and one month's tuition fee prior to child's start date, due the day this Agreement is signed.

A Registration Fee is \$75.00.

First Months Tuition Paid: ____/____/____ Amount: _____

FEES (due regardless of attendance): Monthly Child Care Fee: _____ Due on the 10th of each month.

Method of Payment: ____Cash ____Personal Check ____ Auto draft

ADDITIONAL FEES: Parents are expected to pay any of the following additional fees within 24 hours.

Late Payments: Parents will pay \$15 per child per calendar day (including weekends) that payments are received late.

Bounced Checks: Parents will be billed a \$35 penalty fee plus any other fees Provider incurs as a result of returned checks.

Late Pick-Up: Parents will pay \$5 per minute per child after 5:30pm. 1 minute late = \$5 per child; 5 minutes late = \$25 per child, etc. Late fees MUST be paid before your child can return to school.

EXTENDED ABCENSES: If your child is absent for an extended period of time you will have a choice of

- Paying your monthly tuition fee to hold your child's spot.
- Dis-enrolling your child then re-enrolling your child if a space is available.

TERMINATION: Parents and provider agree to give two-week's written notice of intent to terminate this agreement, commencing on the first Monday after written notice is received. If notice is not given, the child is not in attendance and/or the child care is closed, the final two week's fees are still due with no credit for unpaid closings. If parents are in compliance with the handbook of policies and procedures, provider will issue a credit.

Provider reserves the right to issue an immediate termination of this contract for any of the following: lack of compliance with handbook policies, non-payment, late payments, bounced checks, lack of parental cooperation, disrespect, failure to complete and return required forms, physical or verbal abuse of any person or property on the child care premises, continual disciplinary problems and/or false information given by parent.

ACKNOWLEDGMENTS:

- ** Parent agrees to provide all supplies requested by provider.
- ** Parent agrees to comply with, respect, and take seriously all policies in the Early Explorations Preschool Handbook of Policies and Procedures and Financial Contract.
- ** Parent agrees to pay all fees associated with any collection of unpaid debt. If fees are unpaid the responsible party will be turned over to a 3rd party collection company.
- ** Provider will give parent a minimum two-week notice of any fee or policy change.

This agreement contains the entire understanding between both parties and supersedes any prior understandings and/or written or oral agreements between them. Any agreement hereafter shall not change nor terminate this agreement, unless it is in writing and signed by both parties.

By signing this agreement I agree to comply with all the terms covered in this Contract & Financial Agreement.

I understand this is a legally binding contract between all parties signed below.

Parent/Guardian Signature/Date: _____

Provider Signature/Date: _____

RECEIPT OF PARENT HANDBOOK

I, _____, parent of _____

Have received a copy of the Early Explorations Preschool Parent Handbook, by signing below I acknowledge that I have read and understand the policies and procedures outlined within.

Parents Signature

Date

Payment Authorization

I authorize Early Explorations Preschool at Great Explorations, Children’s Museum to charge the following credit/debit card on the first of every month for child care expensed for my child. I understand that fees are not prorated when a child is out of school due to illness or vacation or for any other reason. I understand that I am responsible to provide the school with a WRITTEN two-week notice if I intend to dis-enroll. Should I not provide the aforementioned notice, I understand that Early Explorations Preschool will make every attempt to fill my child’s vacated position, but should they are unable to fill it within the two weeks, I will be responsible for paying for the two-weeks.

I understand that Early Explorations Preschool will secure the following information for my protection.

Childs Name _____

Parent’s Printed Name _____

Parent’s Signature _____

Credit Card Type: Visa Mastercard American Express Discover

Credit Card Number _____

Expiration Date __/____ 3 digit number _____

Billing Address _____
