



# PARENT CENTER AGREEMENT

*Please initial each section, then sign and date*

\_\_\_ **ADMISSION PROCEDURE:** I agree to comply with the school admission policy and procedures. I agree to provide a completed enrollment form including the pediatrician's name, phone number, and at least two local emergency contacts, current State of Florida HRS Student Health Examination Form Gardens Learning Center (GLC) of any changes in the information of the enrollment application.

\_\_\_ **ARRIVAL:** I understand and agree that Preschool starts at 9:00am for the Two, Three, Four (Jr. Pre-K), and Five-Year-Old (Pre-K/VPK) classes. If my child will not be attending school for the day, or will be arriving late, I agree to call GLC by 9:30am. If my child is not in school by 10:00am, I understand that GLC reserves the right to not accept my child for that day.

\_\_\_ **SCHOOL FEES:** Tuition is based on a 12-month continuous enrollment. School fees are due every Monday for the week. Full tuition is due each week Monday through Friday regardless of the number of days in the week my child attends. I agree to pay a NON-REFUNDABLE registration fee of \$\_\_\_\_\_. I agree to pay a weekly fee of \$\_\_\_\_\_, which is due every Monday for that week. On Tuesday, GLC will add a twenty dollar (\$20.00) late fee. On Friday, my child will not be permitted to attend until my account is brought up to date (including past tuition, late fees, and current week's payment). There are no refunds or allowances for days absent or holidays. We accept checks, cash or money orders. If you are paying by cash, please be sure to get a receipt and keep it for your records. Cash should only be given to directors or assistant directors.

\_\_\_ **LATE FEES:** If tuition is not made by Monday at 6:00pm I agree to pay a twenty dollar (\$20.00) late fee. The school closes promptly at 6:00pm. If I arrive after 6:00pm I will be charged a late fee. Ten dollars (\$10.00) will be charged for the first five minutes or a portion thereof. Three dollars (\$3.00) will be charged for every minute thereafter. Excessive late pickups will result in termination of my child.

\_\_\_ **FAMILY DISCOUNTS:** I may receive a family discount for more than one child, depending on the age group. The discount will be applied to the lower tuition amount.

\_\_\_ **RETURNED CHECKS:** There will be a twenty dollar (\$20.00) service fee and late fee charged on all returned checks. Future payments will be required in cash or money order.

\_\_\_ **VACATION:** My child will be eligible for one non-payment week of vacation per 6-month continuous enrollment. I must give GLC at least two weeks notice prior to my vacation time. I understand my child must be out of school every day of the week that they are on vacation. Split weeks do not qualify for non-payment vacation. If I do not take my vacation in a 6-month period, I may not carry it over to the next year.



\_\_\_ **WITHDRAWAL:** I agree to notify GLC in writing two weeks in advance of withdrawal or pay the difference. I understand that I will be responsible for payment of those two weeks if notice is not given. This contract is binding and GLC reserves the right to seek legal counsel.

\_\_\_ **ILLNESS:** I agree not to bring my child to GLC sick. I agree in order for my child to return to school they must be free of the following symptoms for at least 24 hours: Fever of 100 degrees or more, constant cough or sore throat, heavy nasal discharge, discharge from eyes, vomiting, diarrhea, skin rashes, head lice, etc. I agree that GLC has the right to refuse care for my child if they have shown signs of illness in the past twenty-four hours. I acknowledge that I've received the brochure for the Influenza Virus. If your child or anyone in your household test positive for Covid you must quarantine and follow the CDC guidelines.

\_\_\_ **MEDICATION:** I understand that medication will not be administered at GLC unless I sign a medication permission form. Only medicine with a prescription label in its original container will be allowed. I also understand written authorization is required to apply topical products such as diaper ointment, sunscreen, etc.

\_\_\_ **ALLERGY:** I agree to inform GLC if my child has any known allergies to certain food. I agree to alert GLC of all health conditions that could result in an emergency situation: Allergic reactions to insect bites, febrile seizures, asthma, food allergies, etc.

\_\_\_ **DISCIPLINE:** I understand the GLC discipline policy. I understand that GLC reserves the right to terminate my child's enrollment based on what they decide is in the best interest of the children and staff at the center. I understand that they may not give me any notice.

\_\_\_ **FIELD TRIPS:** I grant permission for my Preschool child (Two, Three, Jr. Pre-K, and Pre-K/VPK) to participate in all activities and to leave the GLC premises under the supervision of a staff member for field trips in an authorized vehicle. I understand that notification will be given prior to any field trip for my approval.

\_\_\_ **POLICIES:** I understand that GLC reserves the right to change policies, prices, and procedures without notification.

\_\_\_ **PHOTOGRAPH/SOCIAL MEDIA:** I understand by signing this application, that GLC may use my child's name, image, and/or likeness for promotional purposes.

\_\_\_ **COLLECTION:** I agree to pay all costs and expenses incurred by GLC, including collection costs, court costs, and reasonable attorney's fees, if it becomes necessary to take action to enforce this agreement.

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Witness: \_\_\_\_\_

Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

