

WARWICK CHILD CARE CENTER, INC.
Parent Agreement Form

Child's Name: _____
Date of Birth: _____
School: _____

Enrollment Date: _____
Age: _____
Grade: _____

My child will be attending Warwick Child Care Center on

Monday	Tuesday	Wednesday	Thursday	Friday

My weekly tuition will be \$ _____. This fee will include: **(circle all that apply)** Your child's care, AM snack, lunch, PM snack.

I understand that this tuition must be paid each Friday regardless of how many days or hours my child attends. I understand that I will be charged a late fee of \$10.00 per week should my tuition be past due by seven days. I understand that my child will not be permitted to attend if my tuition is more than four weeks late. I understand that I will be charged a late fee of \$1.00 for every 1 minute, per child, past closing time. I understand that I will be charged an enrollment fee of \$50.00 per child for new children and children who re-enroll. A yearly \$25.00 registration fee per child will be charged for any child who attended summer camp four or more weeks. I understand that two weeks written notice is required to withdraw my child and that tuition fees will be charged after the date of withdrawal if notice is not given.

In the event that I hire a Warwick Child Care Center employee for private babysitting, I agree to release Warwick Child Care Center, Inc. from all liability.

I understand that Warwick Child Care Center, Inc. reserves the right to immediately expel any child, if a child, their parent, or designated pick up person uses offensive language, is abusive or threatening, or poses a direct threat to any child, parent or employee. This policy applies to, but not limited to all verbal, written, or electronic means of communication.

I understand that a secure online assessment system is utilized for all children. This data is shared with the Office of Child Development and Early Learning (OCDEL) in accordance with state regulations.

I have received and read the Warwick Child Care Brochure and have had the opportunity to ask questions.

Medical expenses (if required) will be paid by parent/guardian.

Insurance Name: _____

Policy Number: _____

Please specify all persons other than parents to whom the child may be released:

Any additional conditions and/or services as agreed upon by both parties:

Written consent is given for the items checked below:

- Emergency medical care
- Administration of special dietary needs. Please specify. _____
- Transportation by Warwick Child Care Center for trips.
- Kindergarten and School age only: Transportation provided by Warwick Child Care Center to/from field trips.
- Inclusion in pictures displayed in the center and/or media publications.
- Inclusion in pictures on the Warwick Child Care Center, Inc. web site.

Director Signature

Date

Parent Signature

Date

The original Parent Agreement Form will be returned to the parent after a copy is made for the child's file. Each parent will be asked to review the above information every six months. At that time, the parent/guardian will sign and date this form.

The parent agreement form was reviewed and necessary changes were made on:

_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature
_____	_____	_____	_____
Date	Parent Signature	Date	Parent Signature

Date of Child's Admission:

Date of Child's Withdraw:

_____	_____
_____	_____
_____	_____