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**General Agreement Term**

I agree to cooperate with the general policies of the Center, to perform the obligations of parents or guardians set forth in this agreement, and to abide by the rules, regulations and policies promulgated and provided by the Center. My signature below indicates that I have read the terms of this agreement and that I have read the rules, regulations and policies promulgated and provided by the Center. It further indicates that I have had this material explained to me and that all of my questions have been satisfactorily answered.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**1 - Transportation**

I will be responsible for the care and transportation of my child to and from the Centre. Children will not be sent home in taxi.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**2 - Pickup**

I understand that the staff will not let my child leave with anyone whose name is not on the registration or who does not present a written authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**3 - Check-in**

I agree to accompany and sign my child into the program and alert the staff to his /her arrival. On departure, I will check with the teacher before leaving and sign my child out.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**4 - Communication**

I recognize the importance of working with the staff in a team effort to assist my child. I will make myself available to discuss my child's individualized plan of action and will understand to work towards the achievement of mutually identified goals.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**5 - Illness**

I will not send my child to the center if there is any question of illness, or it was a case of vomiting or diarrhea.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**6 - Communicable Disease**

I understand that if my child has been absent due to a communicable disease, readmission will not be permitted without authorization from my child's doctor or the public Health Nurse.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**7 - Staff Health Inspection**

I hereby authorize the staff to check inspections of my child for head lice, foot, hand and mouth infections and to arrange for periodic examination by public Health personnel.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**8 - Behavioral Arrangements**

If my child cannot adjust to Centre or his/her behavior is such that the Centre feels a better placement should be made, then I understand that I will be informed to make alternate arrangements on two weeks notice

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**9 - Field Trips & Neighborhood Walks**

I understand that field trips and walks to neighborhood areas and parks are part of the programming at Parkland & Meadowbrook Players and I hereby give consent for my child to participate in these activities. My child is permitted to take part in any activity at the Center. I also understand that interesting field trips are planned periodically as parents will be notified previously. If I do not want my child to attend these field trips, I will make alternate arrangements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**10 - Payment**

I will give ten post- dated cheques starting from September to the center when registration for my child is finished. There will be a \$20.00 charge for every N.S.F. cheque.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**11 - Attendance**

If my child is unable to attend Center due to illness or family holidays, I will continue to pay full fees to reserve my child's place in the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**12 - Late Pick-up/Drop-off**

I agree to bring and pick up my child promptly and respectively within the Center's daily operation hours of my child class. I understand that constant lateness will be cause for termination of this agreement. I also understand that there will be an additional charge for entering before opening time and for late pick up.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**13 - Withdrawl**

If it becomes necessary for me to withdraw my child from the Center, I will give one month's notice, at the first day of the month, in writing to the staff or pay one month's fee in lieu of notice. 14- I also understand that if I fail to live up to my agreement, I will be asked to withdraw, and my child will not be entitled to attendance at the center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**14 - Photo Taking**

I give permission for to the Day Care & Learning Center to take pictures of my child for ALL activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**15 - Sunscreen Application**

I hereby authorize Parkland & Meadowbrook Players staff to apply sunscreen (provided by parents) on my child in spring and summer as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**16 - Insect Repellent Application**

I hereby authorize Parkland & Meadowbrook Players staff to apply insect repellent (provided by parents) on my child in spring and summer as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**17 - Medical Authorization**

In the event that I can not be reached and emergency medical treatment is required for my child, I hereby agree to allow the Director or staff of Parkland & Meadowbrook Players to seek any medical treatment appropriate. I agree to be responsible for any costs incurred as a result of this medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**18 - Transportation to and from School**

I hereby consent and authorize Parkland & Meadowbrook Players to walk/drive my child to/from school, supervised by the Director and/or staff of Parkland & Meadowbrook Players. the child care center is not responsible for school additional programs and required transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**19 - Communication**

I have provided a correct email address and I will be responsible to check my emails and HiMama notifications as a the main communication between the center and I.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**20 - Telephone Number Release**

Other parents sometimes request a family's phone number so they can phone to invite your child to a birthday party or some other social event. Please sign below if you have no objections to the release of your phone number for this purpose.

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Parent/Guardian Signature

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Date

**21 - Out of School Care Holiday Policy**

There will be an extra \$100/week fee for Winter and Spring break holidays. This fee is charged for extra hours of operation that the center provides. There will be no refund provided for students who does not attend the holiday program.

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Parent/Guardian Signature

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Date

**22 - Himama Reporting**

I hereby consent and authorize Parkland & Meadowbrook Players to use HiMama as a lenient communication line between parents and the daycare. About HiMama: <https://www.himama.com/> About HiMama Intrenat safety: <https://www.himama.com/internet-safety>

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Parent/Guardian Signature

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Date

**23 - Parkland Players Closure Dates**

Center will be closed for last week of December, there will be no refund for the closure dates. the closure days are set for deep cleaning of the center, and any needed improvements that were held back for closure date.

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Parent/Guardian Signature

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Date