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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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
Date

**10 - Payment**

I agree to provide the PAD agreements for all payments required by Parkland Players. For alternative payments made through cheques, I agree to a fee of \$10 per cheque.

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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
Date

**13 - Withdrawal or Cancellations**

If it becomes necessary for me to withdraw my child from the Center, I will give two months notice, at the first day of the first month, in writing to the staff and pay the months fee in lieu of notice. I also understand that my registration deposit fee is not refundable due to cancellation. 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. Cancellation for Summer Camp, Winter and Spring break is lieu a weekly fee of 50 dollar.

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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
Date

**18 - Transportation to and from School**

I hereby consent and authorize Parkland to walk/drive my child to/from school or fill trips assigned throughout Summer Camp, Winter and Spring Break. supervised by the Director and/or staff of Parkland Players. the child care center is not responsible for school additional programs and required transportation.

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

October 29, 2018

\_\_\_\_\_  
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

October 29, 2018

\_\_\_\_\_  
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.

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

October 29, 2018

\_\_\_\_\_  
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 and 50% Cancellation fee may apply. There will be no refund provided for students who does not attend the holiday program.

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

October 29, 2018

\_\_\_\_\_  
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>

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

October 29, 2018

\_\_\_\_\_  
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.

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

October 29, 2018

\_\_\_\_\_  
Date

## 24 - Child Services

I have informed Parkland Players with full details of my child's involvement with ANY therapy and/or services. note: If your child is involved with any services such as supported child development, speech and language services, occupational therapy, physiotherapy, or any other therapy or services the center must be informed in full detail. Please provide

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

October 29, 2018

\_\_\_\_\_  
Date

**25 - Email Response**

Parents are responsible for replying to any email correspondence we send.

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Parent/Guardian Signature

[October 29, 2018](#)

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Date

**26 - Child Refusal**

In regards to items that need to be kept at the centre for children, (epi-pen, comfort kit, etc.) if parents do not provide these items, we reserve the right to refuse to accept the child at the centre until they provide the missing items.

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Parent/Guardian Signature

[October 29, 2018](#)

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Date

**27 - Custody & Access Agreements Policy**

If the parents have agreed to live separately, Parkland Players will assume that the information from the enrolling parent is up to date and correct and will be followed. However, without a custody or court order in a child's file, Parkland Players cannot deny access to the non-enrolling parent. If this arises, the policy on unauthorized persons will be implemented. If custody has not been legally determined and conflict between the parents/guardians and/or other family members is evident, Parkland Players may not be able to care for the child unless both parents and/or other family members sign a written agreement confirming details with regards to authorization for pickup and access to information about the child. If a family has a custody or court order, a copy must be placed in the child's file and details about all arrangements contained in the legal documents will be following at all times. Staff of Parkland Players will call the police if assistance is required to enforce a custody or court order. Verbal and written information about the child will be shared with enrolling parents/guardians unless otherwise agreed upon. Permission to share information with others will reflect the policy on confidentiality.

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Parent/Guardian Signature

[October 29, 2018](#)

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Date