



## Authorization and Agreement

1. My child/children have my permission to use all the play equipment and participate in all activities provided.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no specify \_\_\_\_\_
  
2. My child/children have my permission to accompany their group on all supervised campus field trips and campus walks.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no specify \_\_\_\_\_
  
3. My child/children may be transported by staff.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no specify \_\_\_\_\_
  
4. Any pictures taken of my child/children may be used in newspapers, displays, bulletin boards, or other types of educational publications.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no specify \_\_\_\_\_
  
5. In case of emergency and neither parent nor guardian can be contacted, provider has my permission to secure needed emergency medical care.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no specify \_\_\_\_\_

I agree to hold the college harmless for any and all damages, injuries, or claims of any nature whatsoever, for myself or my child/children's enrollment in the Child Development Center further, I agree to indemnify Barton County Community College for any expenses, costs, fees, or other claims for which it may be liable as a result of this agreement.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Rules and Procedures

In order to assure that parents clearly understand the procedures and policies of the Barton Child Development Center, we ask all parents to read and initial each of the following items.

1. I understand that I am responsible for paying fees on time. A late fee of \$10 will be added to bills not paid by the end of the month. If a bill is not brought current in that next two week period, child care services will be terminated. Bills more than 60 days old will be turned over to our college collection agency.  
**Yes, I Understand** \_\_\_\_\_
2. I will provide a completed, current (less than 1 yr. Old) medical health assessment form and enrollment form for each child I enroll (to be held in the BCCC Child Development Center files.)  
**Yes, I Understand** \_\_\_\_\_
3. I understand that I receive 6 free sick days per child each year. Any days lost due to illness after the 6 days will be charged at regular rate of pay. Those children entering care throughout the year will be prorated days accordingly.  
**Yes, I Understand** \_\_\_\_\_
4. I understand that I will not be charged when the Child Development Center is closed (the Barton Community College campus is closed). These dates are stated each year on the yearly calendar handed out to all parents and on the Barton Child Development Center Facebook site under files.  
**Yes, I Understand** \_\_\_\_\_
5. A.) I must walk into the building and into the center with my child/children each day and make certain the child's teacher knows he/she is there.  
B.) I, or a responsible designated adult, will walk into the building and into the center to pick up my child/children and inform a teacher that they are leaving.  
**Yes, I Understand** \_\_\_\_\_
6. I agree not to bring my child/children to the center when he/she exhibits the following symptoms: fever, diarrhea, vomiting or other symptoms of a communicable disease in the previous 24-hour period. Children too sick to participate in the full program, including outdoor play, need to be kept at home. I also agree to notify the center staff as soon as possible if my child/children have been diagnosed with a communicable disease or any affliction that is transmittable. I also understand that if my child becomes ill at school I am responsible for picking him/her up immediately and taking him/her home.  
**Yes, I Understand** \_\_\_\_\_
7. I will make certain that there are 2 complete changes of clothing for my child/children at the Center at all times, with the child's name on each item.  
**Yes, I Understand** \_\_\_\_\_

8. I will inform the center staff as soon as possible of changes in my schedule, address, phone number, employer, emergency information, DCF status, and/or family relationships which affect who has legal custody of the child/children or affect attendance, activities, or behavior of the child/children.  
**Yes, I Understand** \_\_\_\_\_
9. The Child Development Center strives to create a positive environment for children to learn and grow. Even in the best environments, children sometimes display inappropriate behaviors. The child's teacher or the Center Director will discuss any behaviors with you and ask for your help in addressing them. The Child Development Center staff will use positive discipline techniques, such as praising good behavior and teaching positive ways for children to communicate their needs. Please let the child's teacher or Center Director know if you are seeing behavioral issues at home, so we may work on them together.  
**Yes, I Understand** \_\_\_\_\_
10. Overtime fees:  
A.) I understand that my child needs to be picked up by 6:00pm when the CDC closes. Each child here after that time will be charged \$1.00 per minute late fee which will be added to the next month's bill.  
**Yes, I Understand** \_\_\_\_\_
11. I will notify the Director TWO WEEKS IN ADVANCE before my child in to be withdrawn permanently from the Center. I understand that I will be charged the full two weeks or 10 days.  
**Yes, I Understand** \_\_\_\_\_
12. If, after a reasonable period of time, it is found that a child is unable to adjust to the center, the Center reserves the right to request withdrawal of the child/children. This decision is left to the discretion of the Director.  
**Yes, I Understand** \_\_\_\_\_
13. I understand that when attending any field trip, I must provide the center staff with a completed verification form 24 hours prior to the field trip.  
**Yes, I Understand** \_\_\_\_\_
14. I understand that field trips may have an added expense for my child to attend. These fees will need to be paid before the child can attend the field trip. If I choose for my child not to attend the field trip, I will need to make other arrangements for child care services that day.  
**Yes, I Understand** \_\_\_\_\_
15. I understand that once I enter the center and remove my child from his/her classroom I am responsible for my child.  
**Yes, I Understand** \_\_\_\_\_
16. I understand that I am to notify the Center staff by 9:00 a.m. if my child will be absent.  
**Yes, I Understand** \_\_\_\_\_
17. I understand that the staff will not and can not release my child to me if they suspect alcohol or drug use.  
**Yes, I Understand** \_\_\_\_\_

18. I agree to abide these rules and regulations. I understand failure to do so can result in termination of care for my child/children.

Yes, I Understand \_\_\_\_\_

***By signing this contract, parent(s)/guardian(s) agree to abide by the written policies of the Child Development Center. The Child Development Center may amend the policies by giving the parent(s)/guardian(s) a copy of the new changed policies at least 2 weeks before they go into effect.***

Please sign below:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's signature \_\_\_\_\_ Date: \_\_\_\_\_