

12. Name of persons that child may be released to

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 provide, staff, or volunteers.
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 _____
6. 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's Signature)

Rules And Procedures

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

1. When enrolling my child/children I understand that I am enrolling only for the time schedule I tell the Center staff. I understand that I am not able to bring my child/children to the center at my liberty but, rather for the times I have scheduled.

Yes, I Understand _____

2. 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 due date unless arrangements have been made with Director to insure that the bills will be paid within a time frame DETERMINED by the Director.

Yes, I Understand _____

3. 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 _____

4. I understand that I receive on 6 free sick day 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 _____

5. A.) I must walk into the building and into the center with my child/children each day and make certain the teacher know 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 them up immediately and taking them home.

Yes, I Understand _____

7. I will make certain that there is 2 complete change 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 class schedule, address, phone number, employer, emergency information, SRS 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. Overtime fees:
- A.) I understand that I have 15 minutes from my scheduled time to pick up my child/children. Repeated failures to pick up my child within 15 minutes after my scheduled time may result in an overtime charge of \$2, to added to my next monthly bill.
- B.) Overtime fees will be added to my next monthly bill. When an overtime charge will be made to my bill, I will be given a copy of the dated overtime charge sheet, which is used to keep note of the amount of each overtime charge.

Yes, I Understand _____

10. 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 two full weeks.

Yes, I Understand _____

11. 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 _____

12. 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 _____

13. I understand that once I enter the center and remove my child from their classroom I am responsible for them.

Yes, I Understand _____

14. I understand that I am to notify the Center staff by 9:00 a.m. if my child will be absent.

Yes, I Understand _____

15. 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 _____

16. 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 _____

I have carefully read and understood the information on this form.

Please sign below:

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____