Learn & Grow Child Care Center

1020 N. 2nd Ave. Mulvane, KS 67110 Phone: 316-777-0355

Parent / Guardian Responsibilities Contract

OFFICE USE ONLY

DCF _____

KAW _____

STAFF _____

Munson Pre-K _____

10% Sibling Discount _____

Effective Dates: Begins_____ Ends_____

I agree to bring my child (Print Child's name) _____
to Learn & Grow Child Care Center according to the schedule listed below:

Please fill out days and times completely

Monday 6:30 a.m. - 5:30 p.m.	Tuesday 6:30 a.m. - 5:30 p.m.	Wednesday 6:30 a.m. - 5:30 p.m.	Thursday 6:30 a.m. - 5:30 p.m.	Friday 6:30 a.m. - 5:30 p.m.
_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm
_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm

I Agree to pay this amount weekly $_____

1. I understand that I will drop off and pick up my child at the times agreed upon according to this contract.
2. I understand that I need to call the Center any time my child will be absent for any reason. A No Call/No Show fee of $20.00 will be applied for not reporting any absences.
3. I understand that I need to call the Center any time there is someone other than myself or my authorized persons sent to pick up my child. They are required to show proper ID before my child is allowed to leave with anyone not on my pick up list.
4. I understand that all tuition payments are required to be paid **every** Friday for the <u>following</u> week of care. Payments must be made by Auto Draft from a Bank Account or Debit/Credit Card (a 3% Card Transaction Fee will be applied). Cash & Check payments will only be accepted with the Director's approval.
5. I understand that if my child needs to be absent for more than 2 weeks I have the option to:
   * Terminate the contract which will result in surrendering my child's spot and pay any penalties <u>OR</u>
   * Pay half the regular tuition to keep my child enrolled.
6. I understand that I need to maintain open communication with the Center regarding any changes in the home that might affect my child's well being.
7. I understand the Center reserves the right to evaluate fees as needed and to increase fees at any time with a 30 day notice.
8. I understand and agree to follow all rules and regulations set forth by Learn & Grow Child Care Center's Fee Schedule, Contract, and Policy & Regulation Handbook.
9. I have read, agreed, and signed Learn & Grow Child Care Center's Discipline and Behavior Policy and understand the steps that will be followed to correct and address Inappropriate and Bullying Behavior.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

<u>Learn & Grow Child Care Center Reponsibilites</u>

1. The Center must maintain a current license from the Kansas Department of Health and Environment.
2. The Center must be in compliance with the Kansas Department of Health and Environment and the City of Wichita Child Care Licensing.
3. The Center must provide a safe, caring environment to meet the needs of the children in our care, and assist them in their spiritual, individual, emotional, social, and intellectual growth.
4. The Center will provide a nutritional breakfast, lunch, and afternoon snack according to regulations and will accommodate children's needs concerning allergies and intolerances to the best of our ability.

Learn & Grow Representative Signature_____ Date _____

Both parties reserve the right to terminate this contract without notice if the other party is in substantial violation of this contract and/or the health / safety of the child is endangered.