

# Parental Agreement Form

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Please check "yes" or "no" to each of the following statements, print and sign your names, and return to the office.

	Yes	No
I have received, read, and agree to all terms in the Growing By Leaps & Bounds Parent Handbook	_____	_____
I have been informed of and understand the policies and procedures of the program	_____	_____
I am aware that I will be informed of specifics through a monthly newsletter	_____	_____
I have received and returned the enrollment forms for my child	_____	_____
I have received and returned a health form stating the date of my child's immunizations	_____	_____
If the response to the above is "no", I will submit the health forms within two weeks	_____	_____
I agree that it is the responsibility of both the staff at Growing By Leaps & Bounds and I/we as parent(s) to keep an open line of communication during the school year	_____	_____
I understand that there will be periodic progress reports for my child during the school year	_____	_____
I understand that tuition payments are paid through Tuition Express (processed on Thursdays) and due on the first day of each week unless prior arrangements have been made with the office	_____	_____
I understand that fees may be charged for outstanding balances	_____	_____
I understand that if my child is picked up after 6:00pm I will be charged a late fee of \$20 for each fifteen minutes or portion thereof that I am late	_____	_____
I understand that if my child becomes ill while at school, I have one hour to make arrangements to have my child picked up	_____	_____
I have provided Growing By Leaps & Bounds with all written information that has been requested	_____	_____

\*\*\*\*\*

We have \_\_\_\_\_ scheduled to be normally dropped-off at \_\_\_\_\_ and normally picked-up at \_\_\_\_\_ if this is correct, please initial here: \_\_\_\_\_

sign: \_\_\_\_\_ date: \_\_\_\_\_

sign: \_\_\_\_\_ date: \_\_\_\_\_