



Parent Agreement Statement

Welcome to Cookies Childcare!

We are so pleased you have chosen us to assist in your child’s future. To provide a safe and nurturing environment, the following contract must be adhered to. Failure to follow this contract and/or center policies could result in suspension and/or termination of care. Please review each policy carefully and initial in the space provided indicating your understanding to the parent agreement statement.

Parent and Child Information:

Parent Name: _____

Parent Name: _____

Home Address: _____ City: _____ Zip: _____

Home Number (____) _____ Cell Number (____) _____

Parent Email: _____

Place of Employment: _____

Work Number (____) _____ Hours of Work _____ until _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Please initial next to each of the following:

___ I fully understand that the terms of this contract and understand it is valid for the term of One (1) year.

___ Child tuition is due Every Friday prior to services being rendered. Failure to do so will result in a weekly processing fee of \$10.00. If for any reason a check is declined or returned, there will be a \$35.00 fee assessed to the family account immediately. If there ever

is a second occurrence, we will no longer be able to accept payments via checks. Money orders will be required for tuition payments.

___ I fully understand failure to pay tuition every Friday will result in a \$25 per day late fee assessed on Wednesday and thereafter not to exceed \$100.00. Any account that reaches this level will have services suspended until payment is received in full.

___ A child is not considered fully enrolled until the deposit OF 150\$ has been received.

___ I understand all deposits are non-refundable at any time for any reason.

___ Any child receiving PFC must be enrolled full-time, this means you must attend 25-60 hours per week to maintain your placement in the center and benefits with ODJFS. Per the State of Ohio, families are granted ten (10) absent days semi-annually for vacation, sick days, etc. If at any time a family exceeds their allotted days, they will be responsible to private pay for that week's tuition.

___ Families are still expected to pay their tuition during holidays and/or early release dates

___ If your child(ren) is going to be out due to illness, appointments, etc., please contact the Childcare to let us know. If your child(ren) is absent, you are still required to pay that week's tuition in full.

___ Cookies Childcare will be responsible for the following:

- Personal supplies (Diapers, wipes, clothes, blanket, etc.)
- Special dietary supplements

___ Cookies Childcare will not be responsible for the following:

- Personal property damaged that has been brought into the center.
- Precious items brought into the center or carried by the child(ren).
- Personal items lost or stolen.

___ Each child that enrolls at Cookies Childcare will be granted a thirty (30) day probationary period starting from the first day in attendance. This time is to allow the staff and your child to adjust to the new setting. During this time if the parent or center wish to terminate, a two-week written notice must be provided.

___ This contract may be terminated by the parent or the Provider at any time for any reason with a written two-week notice. Failure to do so will result in the parent being financially responsible for their child's last two weeks of tuition.

___ In the event of an emergency, I agree that Cookies Childcare may administer first aid or obtain medical treatment for my child. I agree to pay all expenses incurred by the physicians, emergency room, or the emergency squad. Cookies Childcare will not be held liable for any medical expenses for my child.

___ There are NO REIMBURSEMENTS, financial or otherwise, for days or hours the client's child/children may have missed due to illness or other emergencies.

Note: Cookies Childcare may terminate this contract immediately for failure to adhere to this contract at any time.

Financial Hardship:

___ We understand that financial hardship issues may arise from time to time, however, you are still required to pay tuition and/or copays in full. Under some circumstances a payment arrangement may be made under the discretion of the center director. Any approved arrangement shall not exceed three (3) business days.

Permission to Photograph and/or Email:

Communication between parents and staff is key to a successful childcare program. We offer many different styles of communication. Please initial next to your preference:

___ Yes, I would like to receive email communications from the staff regarding my child at Cookies Childcare. Please send all emails to:

_____ @ _____ .com

_____ @ _____ .com

___ No, I would not like to receive email communications.

___ I, _____, due hereby give permission for Cookies Childcare to photograph my child at play. I understand these photos are for display only and will not be published or distributed outside of the business.

___ I do not give permission for my child to be photographed

___ Yes, I agree to allow my child's photo to be used on our website and/or Facebook page.

___ No, I do not wish to have my child's photo used on social media or the school website.

Parent Acknowledgement:

I, _____, have read, initialed, and understand this agreement made between Cookies Childcare and myself. I have been provided with a parent handbook and I have had all my questions and/or concerns answered.

Parent Signature Date

Center Director Date