

2012-2013 Parents Agreement

Child's Name: _____

- **I agree to submit complete immunization records prior to the first day of school, as required by the Boone County Board of Health. I understand that my child will not be admitted into the classroom until such forms are on file with the school.**
- **I understand that registration and August's tuition are non-refundable unless class is cancelled due to lack of staffing or enrollment.**
- **I understand that medication cannot be given to my child by Children's Learning Program personnel. I will be sure my child is in good health as stated in our handbook on page 7 when I bring him/her to school.**
- **I understand that if my child is not picked up by 3:00 p.m. he/she will be taken to the BLOCKS program and a \$10.00 fee will be billed to you.**
- **I understand that all prepaid fees are non-refundable. No refunds are made for non-attendance or weather related closings.**
- **I agree to notify the Directors in writing 1 month prior to withdrawing my child from the program and that all prepaid fees are non-refundable.**
- **I give permission for my child to be photographed while attending school at Children's Learning Program. I understand that these pictures may be used for display or advertising purposes.**

Parent Signature _____ **Date** _____