



East Cobb Prep Parent Agreement

1. East Cobb Prep agrees to provide child care for (name of child) _____ on (days of week) _____ from 6:30 AM to 6:30 PM from (month) _____ to (month) _____. My child will participate in the following meal plan (circle breakfast if you would like ECP to provide breakfast for your child at an additional cost- served between 7:00 to 7:30 AM. (Snacks and lunch, which are underlined, are already included):

breakfast, morning snack, lunch, afternoon snack,

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medical Authorization forms are available at the front office. Medicine will be in the original container with my child's full name marked on it. The staff will administer medications **only** at 11:00 AM and 3:00PM upon written authorization from the parent. Please leave all medications with the front office, and not in your child's classroom or bag.

Important: If your child appears ill, has a high fever, is vomiting, or shows evidence of a communicable disease, please do not bring him/her to the school. If your child has such symptoms and is present at East Cobb Prep, you will be required to pick him/her up immediately. This requirement is imposed by the Department of Early Care and Learning, and is intended for the protection of all the children. Children must be without fever for 24 hours without the use of any fever reducing medication before returning.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.

4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

5. East Cobb Prep agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

6. East Cobb Prep agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

8. I will pay the annual registration fee of \$_____ at the time of enrollment.

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9. Annual fees are due and payable each year thereafter, by the first day of September. I agree to pay a weekly tuition fee in advance on Friday of each week in the amount of \$ _____. I have read the handbook regarding late charges and penalties.
10. I understand that tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of any other days of attendance as "make-up" days. After one year of continued enrollment at East Cobb Prep, each child shall be granted one week of vacation absence at no charge.
11. East Cobb Prep reserves the right to make changes to tuition and other related fees at will. Fee changes will be posted at least two weeks prior to any changes.
12. I have received a copy of the handbook and agree to abide by the policies and procedures for East Cobb Prep.

I have specifically reviewed each of the provisions of this Agreement, and hereby agree to comply with all provisions hereof.

Parent/Guardian Signature

Date

For Center Use

ACCEPTED (All Paperwork Complete):

Director / Management

Date

Entrance Date _____

Withdrawal Date _____