

Parent Agreement Statement

Welcome to Watan Montessori 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 u	intil
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 credit card or 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 credit card or check. 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 and first two weeks of tuition 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 school to let us know. If your child(ren) is absent, you are still required to pay that week's tuition in full.

____ Watan Montessori ChildCare will be held responsible for the following:

- Personal supplies (Diapers, wipes, clothes, blanket, etc.)
- Special dietary supplements
- Personal property damaged that has been brought into the center
- Personal items lost or stolen

_____Each child that enrolls at Watan Montessori 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 at any time for any reason with a written twoweek 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 Watan Montessori ChildCare may administer first aide or obtain medical treatment for my child. I agree to pay all expenses incurred by the physicians, emergency room, or the emergency squad. Watan Montessori 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: Watan Montessori 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 child care program. We offer many different styles of communication. Our centers send out a monthly or quarterly newsletter for all upcoming events and center updates. Please initial next to your preference:

____ Yes, I would like to receive email communications from the staff regarding my child at Watan Montessori ChildCare. Please send all emails to:

______@ _____.com _______@ _____.com

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

____, due hereby give permission for Watan Montessori

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 Watan Montessori 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