

# Day by Day Child Development Center, Inc.

## Parent Acknowledgement

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

I/We, the undersigned parents/guardians, have read the Parent Handbook and understand the rules and regulations of Day by Day Child Development Center, Inc. We understand that if we have any questions concerning policies or procedures, we can address them with the Director. We also agree to abide by the following specific policies and understand them:

1. I acknowledge and understand the tuition payment policies and procedures as indicated in the handbook, as well as in the Tuition Agreement.
2. Sign in/out policies and door access procedures, along with any associated fees for not using them as outlined in the Tuition Agreement.
3. If my child is here past 6:00 PM, I understand the late payment fee of \$5 per 5 minutes per child, rounded to the next 5 minute increment.
4. I understand that my child's immunizations and medical form's must be current and up to date until my child is in Preschool. This may require that I have my child's immunization form updated every few months if they are an Infant (Sweet Pea) or Toddler (Snapdragon), and I will have my child's health form updated at least annually until my child is enrolled in Preschool.
5. I understand the Health Exclusion Policies and will pick-up my child within one (1) hour after receiving a phone call from Day by Day Child Development Center if my child is ill. If I am not able to pick-up my child directly, I will make arrangements with one of my child's emergency contacts to be picked-up.
6. I will notify Day by Day Child Development Center in writing if someone other than a parent will be picking up my child. I will inform this person that they will need to provide a picture ID before the child is released into their custody.
7. I will provide written permission if my child will be going on any fieldtrips. I understand that without this release/permission my child may be held back at the center or be required to be picked-up within one hour of their classroom's departure.
8. I will keep my child's emergency phone numbers, emergency contact people, parent employers, and all medical information including allergy information, etc. current.
9. I understand the Behavior Guidance Policy. Day by Day Child Development Center reserves the right to remove a child from enrollment as indicated in the Behavior Guidance Policy.
10. I agree to allow Day by Day Child Development Center to apply or administer ointments, medications, etc. with prior written instructions.
11. Any and all special requests for care at Day by Day Child Development Center must be submitted in writing to the Director for approval before any such request can be implemented. All requested will be looked at on a case by case basis.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Above Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Above Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Heidi Kunst, Director

\*Parents will receive a copy of this signed acknowledgement