



## Elementary Parent/Family Agreement

My child, \_\_\_\_\_ is enrolled in the before and after school program for the 2016 - 2017 school year. My tuition for this program is \$\_\_\_\_\_ per month.

### CHECK ALL THAT APPLY

- I understand that fees for *Windsor Discovery Center & Windsor Montessori School* are payable monthly and due no later than the 15<sup>th</sup> of the month for that month. Failure to make payment by the 25<sup>th</sup> day of the month will result in a \$10 late payment fee.
- I understand there is an average of 15-22 available child care days per month. I am expected to pay my full tuition payment for the month of June which includes the first week of school beginning in August.
- I understand that a failure to pay on time may also result in a finance charge of 10% monthly on any outstanding balance beginning on the 25<sup>th</sup> day of the month. Any check returned from the bank will incur a \$25.00 fee.
- I understand that I am responsible for tuition payment regardless of my child's absence from the program.
- I understand that my registration fee is non-refundable and non-transferrable for any reason.
- In the event that payment is not made and the Town of Windsor must resort to collection, I agree to pay a reasonable attorney's fee incurred by the Town to enforce this agreement.
- I understand that if I wish to change my child's schedule in the program that he/she is enrolled, the space that I relinquish may not be available at a future date.
- Should I wish to withdraw my child from the program, I agree to give two (2) weeks written notice. I agree to pay for two weeks of childcare/school after notification. All financial obligations will be paid in full on or before the last day of my child's attendance.

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

## Parent Permission

I \_\_\_\_\_, grant the following permission's for my child \_\_\_\_\_.

- FIELD TRIP PERMISSION:** To participate in field trips, on foot or in an authorized vehicle, as scheduled and posted by Windsor Discovery Center.
- RELEASE OF INFORMATION:** I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Windsor Discovery Center parents.
- PHOTO PERMISSION:** I hereby consent that Windsor Montessori School and Discovery Center and the Town of Windsor or any person authorized by the Town may use photographic, social media, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate such as promotional marketing material and post's on social media like Facebook, Twitter, Instagram, and Youtube.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- MEDICAL/FIRST AID TREATMENT:** I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments and all prescription medications.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- BEHAVIOR PLAN/CHILD DISCIPLINE POLICY:** The schools behavior plan has been discussed with me upon registration. I've had an opportunity to ask any related questions. I understand the school uses a positive discipline approached and redirection. If my child's behavior requires additional support I will be involved in the process of creating an individualized behavior plan for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_