

# Kidnect

Child Development, LLC

## Parent/Child Care Agreement

(please initial each section and sign below)

\_\_\_\_\_ Kidnect Child Development Center agrees to provide developmentally appropriate curriculum for \_\_\_\_\_, enrolled from \_\_\_\_\_ until FURTHER NOTICE.  
(child's name) (year)

(circle days) Monday Tuesday Wednesday Thursday Friday

\_\_\_\_\_ The tuition rate for the service is \_\_\_\_\_ and due on the Monday of the week of service (full time) or the first of the month (part time). Payments will be considered late on Friday (full time) or the 7<sup>th</sup> of the month (part-time). A \$5.00, per business day, late payment fee will be assessed to delinquent accounts. If tuition is not paid, I may be asked to withdraw my child until payment is complete.

\_\_\_\_\_ Kidnect requires **two (2) weeks written notice** if I decide to remove my child from care. The full tuition is due and no refunds will be given.

\_\_\_\_\_ Medication is administered only with a medication administration authorization form including the date, name of child, name of medication, and dosage. Medications are kept locked near or in the office. All medications MUST be accompanied in the original box and/or packaging.

\_\_\_\_\_ My child will not be permitted to enter or leave the center without being escorted by an authorized person. Teacher will be notified daily upon the arrival and dismissal of my child.

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

\_\_\_\_\_ The center agrees to keep me informed of any incidents, injuries, and illnesses and adverse reactions to medications that may occur with my child.

\_\_\_\_\_ In the event of an emergency that involves my child, and I am unable to be reached by Kidnect Staff, I hereby authorize any medical care.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director signature

\_\_\_\_\_  
Date