## **Parental Agreement Form**

Child's Name	Class
Please write in "yes" or "no" to each of the following statements, sign and date.	
I have read, understand and agree to all terms and po procedures of the program found on www.GrowingB	licies in the Growing By Leaps & Bounds Parent Handbook and the yLB.com as a download-capable document
Upon enrollment, I will subscribe to the center's blog address	g for current information about GBLB to be sent directly to my email
	nderstand that an Enrollment Fee will be drafted of \$85 for the first ge that I am required to fill out this packet again each year of the Fee of \$45 for each child
	ade the week prior to my child's start date. This fee will be refunded to tice of departure or if my child is graduating to Kindergarten
	iatricians office stating the most recent date of exam (within 1 year) and Date and Results if my child is over 12 months in agens within two weeks
I agree that it is the responsibility of both the staff at during the school year	GBLB and I/we as care giver(s) to keep an open line of communication
I understand that there will be periodic progress repo timeline based on age and/or developmental needs	rts for my child during the school year to be passed out on a scheduled
Weekly paying families will be processed on Fridays	Cuition Express and no checks or cash are accepted forms of payment. and due on the first day of each week. Monthly paying families will be ning month of care. This will be the schedule unless prior arrangements
I know that fees may be charged for outstanding bala	nces & various other reasons covered in the Parent Handbook.
I understand that if my child is picked up late or drop	oped off early, there will be associated fees
I understand that if my child becomes ill while at sch	ool, I have 1 hr to pick up my child.
child and in addition to hand washing or when washi play time. I understand that the teachers will carefull	nile at GBLB. Hand sanitizer will be used appropriate to the age of the ng with soap and water isn't readily available such as during outside y monitor the application and use of this product and will make sure it to fully air dry so as to not make fluid contact with my child's eyes,
I am aware that, while toothbrushing after mealtimes handle my child's oral hygiene while at home in the	is a regulation, GBLB does not participate in this action, and that I will morning and again at night

sign:\_\_\_\_\_\_ date:\_\_\_\_\_

I have provided GBLB with all written information that has been requested.