



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone ()

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone Cell Telephone Work Telephone



Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child (Child's Full Name), in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me this (Month) (Day) 20 (Year)

by means of physical presence or online notarization by (Name of Affiant) who is personally known

to me or has produced (Type of identification) as identification.

SEAL OF NOTARY

Signed: (Signature of Notary)



CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE

(To be completed by parent or guardian)

Date _____

Child's Full Name _____

Date of Birth _____ Race _____ Sex _____

Name of Parent or Guardian completing form _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____ 10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any known allergies to food or environment _____

Describe the allergic reaction _____

Does your child complain of feeling ill often? Yes No

Have you ever suspected your child of having seizures? Yes No

Describe your child's appetite _____

Does your child dislike any foods? Yes No If so, what? _____

What does your child usually eat for breakfast before arriving at the center? _____

How easily does your child fall asleep? _____

What is the usual bedtime? _____ Wake up time? _____

What is the usual naptime? _____ Wake up time? _____

Is the child completely toilet trained? Yes No

Does the child remain dry all night? Yes No

When did the child begin to walk alone? _____

Are other adults (not family) able to understand the child's speech? _____

Does your child have a regular playmate? Yes No Same Age Yes No

Older Yes No Younger Yes No

What is your child's favorite toy or activity at home? _____

Does your child have temper tantrums? Yes No

Does your child bite his nails? Yes No Twist his hair? Yes No

If you could describe your child in one word, what would it be? _____

Please list your child's strong points, such as happy, curious, loving, etc. _____

Is there anything else, medical or otherwise, that we need to know about your child? _____



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date



Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, i.e. asthma, diabetes or seizures.

This section should be completed by the children's center:

Child's Name _____
Condition _____
Symptoms _____
Medications/Supplies to be available _____ _____
Name of adult trained to respond to the emergency _____ _____

This section to be completed by parent or health care provider:

The following steps should be followed in the event that this condition requires action:
• _____
• _____
• _____
• _____
• _____

Parent or guardian's signature _____

Director's signature _____

Date _____

See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.

Kids Zone Academy

PICK UP AUTHORIZATION

I. *Personal Information* (please print) Today's Date: __ / __ , __ __
Child's Name: _____ Age: _____
Parent/Guardian Names: _____
Home Phone: _____ Cell Phone(s): _____
Work Phone(s); _____

II. *Authorized Pick Up*

Please list any individuals who is authorized to pick up your child including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages, if needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent or Guardian; _____

Parent or Guardian Name: _____



KIDS ZONE ACADEMY 1 & 2 DISCIPLINE & GUIDANCE POLICY

It is our philosophy that a child's development is nurtured through caring, patience and understanding. Our facility prohibits ANY STAFF MEMBER subjecting our students and/or children to discipline which is severe; humiliating; frightening; or associated with food; rest; or toileting. Spanking and any other form of physical punishment is strictly prohibited. However, while caring for your children, we may have to respond to your child's misbehavior in the event of:

- Hitting, biting, kicking, spitting;
- Not consistently following directions from their Teacher
- Any hostile behavior exhibited to other children/students; Teacher; or Staff Member which includes and is not limited to verbal disrespect and other behaviors that we believe could be a safety issue that may include hurting another child, Teacher or Staff Member.

In response to these behaviors, you understand that we will not use:

- Threats or Bribes
- Physical Punishment, even if requested by a Parent
- Deprive a child of food or other basic needs
- Humiliation or isolation
- Time Out
-

In response to misbehavior, you understand and acknowledge that we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing Kid Zone Academy rules and guidelines
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Communicate clear choices
- Redirect your child to a new activity
- Move your child to an alternative area of the classroom to de-escalate the situation allowing them to calm down and self-regulate

If necessary and if your child's behavior is very disruptive or harmful to him/herself or other children, you acknowledge and agree that we will discuss the issue with you privately and communicate clearly with you through verbal or written communication. If the situation can be resolved, the child may remain enrolled in our Academy. If we are unable to resolve the issue, you may be asked to make other child-care arrangements as per our expulsion policy. As a parent, you may use other methods that can be helpful in the classroom. Using the lines below, please let us know your method of discipline.

Child's Name: _____ Date of Birth: _____
Parent/Legal Guardian Signature: _____ Date: _____



**KIDS ZONE ACADEMY 1 & 2
PICTURE WAIVER FORM**

I/We (Parent/Legal Guardian Name) _____ do hereby authorize Kids Zone Academy, Teachers and/or Staff Members to take pictures or photographs of our Child (Name) _____ while on school premises for any and all lawful and legal business purposes.

I/We understand and agree that photographs taken by Kids Zone Academy Staff Members and/or Teachers will be posted on the School's website: www.kidszoneacademy.club; Kids Zone Academy Facebook Page; as well as our social media sites for any and all business and advertising purposes.

I/We understand and agree that neither we nor our child will receive any compensation or royalties at any time in connection with pictures or photographs taken by Kids Zone Academy Teachers or Staff Members. I/We also acknowledge and agree to waive Kids Zone Academy, their Teachers and Staff from any liability in conjunction or in relation to taking pictures or photographs of our child or children.

Custodial Parent/ Legal Guardian Signature: _____

Printed Name: _____

Date: _____

**KIDS ZONE ACADEMY 1 & 2
PICTURE WAIVER FORM NON-RELEASE**

I/We (Parent/Legal Guardian Name) _____ do not authorize nor do we wish to have our Child (Name): _____, photographed at any time by Kids Zone Academy Teachers or Staff Members within the School or on School grounds; nor are any photographs of our Child to be used for any business or advertising purposes including but not limited to: Kids Zone Academy; Precious People Learning Center; company websites or social media sites.

Custodial Parent/ Legal Guardian Signature: _____

Printed Name: _____

Date: _____

KIDS ZONE ACADEMY 1 & 2 SICK CHILD POLICY

Kids Zone Academy, our Staff and Teachers, always have your Child's best interest in mind especially when it comes to their health and well-being. We need your help and cooperation in keeping the spread of germs to a minimum. This is not intended to create a hardship on you, your child, or your family; it is our responsibility to protect all other children, Teachers and staff members. We will notify you or your appointed emergency contact by phone or text in order to send your child home for the following reasons if the symptoms occur while your child is in school:

Fever: This symptom is a warning that your child is not well. If your child has a fever of 100 degrees or more, he or she must stay home. Your child must be fever free for 24 hours before returning to school with a Doctor's note. **Note:** Do not attempt to medicate and send your child back to school in order to cover up their illness or the fever.

Coughing: If your child has a chronic cough, deep or hacking, it may mean your child has an infection. Your child must be seen by a Doctor and may only return to school with a Doctor's note.

Sinus Infection: This is indicated by a (green) discharge from the eyes and/or nasal cavity that could be a sign of infection. Your child may only return to school once they are fever free for 24 hours without the need for fever reducing medicine.

Vomiting: Your child must stay home until there is no fever and without using medicines for at least 24 hours after the last episode.

Rash: There are numerous reasons for rashes and therefore, your child must be seen by a Doctor and may only return to school with a Physician's note.

Diarrhea: After the third very loose stool or hard cramping, your child will be sent home and must stay home until there is no fever or symptoms, without using medicines for 24 hours. Stools must be solid prior to the child returning to school.

Sore Throat: If the child appears to have one of the following: swollen glands or tonsils; white spots in the throat; red irritated throat; and the Child complains that the throat hurts when swallowing and or complains of not feeling well. The child must be seen by a doctor and may return to School only with a Doctor's note.

Hand, Foot & Mouth Disease: Your child must be blister and fever free in order to return to School.

Pink Eye: The eyes are red and producing a discharge. Your child must be seen by a Doctor and may return only after being treated with drops for 24 hours along with a Doctor's note.

Head Lice: If our Teachers or Staff detect nits or live bugs on your Child, they will be sent home. Your child must be nit and bug free before your child may return to school. Your child will be checked by a designated staff member prior to being admitted back to school.

Custodial Parent/ Legal Guardian Signature: _____

Printed Name: _____

Date: _____



KIDS ZONE ACADEMY 1 & 2 GUIDANCE, DISCIPLINE & EXPULSION POLICY

Kids Zone Academy 2 provides a setting that fosters the basic values of mutual respect; responsibility; resourcefulness; and responsiveness to the needs of others. It is our discipline policy to encourage appropriate behaviors, provide positive opportunities for children to contribute and to develop a sense of belonging in all children. The environment of this center is structure to allow children choices of learning through play. This structure gives the child control over his/her environment and helps to avoid behavioral problems involving conflicts with others.

Children are encouraged to develop language skills to help them communicate their needs and feelings to others. Adults model language for children so they may gain the verbal skills necessary for problem solving.

If the child is experiencing conflict, redirection is most commonly used by the caregiver. Toys are duplicated to help avoid conflict and stress between students. Sometimes removal of the child from one to another play area or activity would be appropriate. If the teacher needs a break from the child, another staff member will relieve him/her or the child will be escorted to another caregiver.

Our staff strives to understand the developmental stages of a child and the underlying goals of mistaken behavior. We involve the child in problem solving; allow for individual choice and permit the logical consequences of those choices. We believe in positive guidance and behavior management. Our role in guidance is to work with parents/guardians to teach children how to make good choices and help them develop self-discipline. We encourage individuality and independence, but each child must be able to interact within the group's limits.

If misbehavior still continues:

- **Step 1: Re-direct child**
- **Step 2: Try to Re-direct the child again**
- **Step 3: Call Parents**
- **Step 4: One-day Suspension**
- **Step 5: Call in outside services.** Have meeting with Counselor, Teacher and Director. Parent will be asked to permit further counseling to prevent expulsion of the child from school. Consistent disruptive behavior may be grounds for expulsion such as:
 - ◆ Excessive biting
 - ◆ Excessive force (Hitting, kicking or hurting others in any way)

- **Step 6:** Termination of Services

School Initiated Termination

If the Director feels that it is in the best interest of the child or the other children in the School, the Director and/or Facility owners reserve the right to Expel the child from the School. The Director and staff will take all information about the child into consideration to make reasonable inquiries into the best setting for the child. The reasons that a child could be asked NOT to return to the Center include and are not limited to as shown below:

- ◆ Chronic Biting
- ◆ Consistent aggressive behavior towards Staff, Teachers, adults or other children

When a child develops aggressive behavior or has needs in which we do not believe that we can fulfill, attempts will be made to deter the aggressive behavior and to meet those exceptional needs. Before the child is expelled, the Director will notify the parent(s) and/or legal guardian and a conference will be arranged to discuss how to handle and manage the aggressive or unacceptable behavior.

- ◆ Non-payment of tuition. Tuition is due on the Friday before the upcoming week. If the tuition has not been paid by the following Friday, the parent will be asked to remove their child from the Center until the payment has been received. If the parent wishes to re-enroll the child, a new registration fee; late fee; plus any back tuition will be due immediately upon re-enrollment. Payment can be made in the form of: personal check; money order; debit card; or cash (with receipt).

Parents Signature: _____

Parents Name (Printed): _____

Date: _____



**KIDS ZONE ACADEMY 1 & 2
PARENTAL AGREEMENT**

I/We, _____ (Parents) _____ and _____ understand and agree that our child _____ is being enrolled at Kids Zone Academy 2.

We also understand and agree to abide by all Kids Zone Policies and Procedures for enrollment, discipline, guidance, tuition payments as well as health and well-being guidelines. Tuition is all ways due no matter if your child attends school or not.

For ELC Parents only,

I understand that Kids Zone Academy does charge a center fee on top of the ELC fee, too equal the total amount of tuition to be paid. I understand that ELC determines the parent fee and the center determines the center fee.

Sign _____ Date _____

Terms and Conditions

Upon enrolling your child, a Bright Wheel account will be set up to help you connect with our program. You will be able to access signing your child in and out electronically as well as online billing and account information.

An invoice will be sent through your Bright Wheel account on Thursday and your payment for the upcoming week will be due by Friday. If your child is absent for any reason, there will not be a discount. This includes and is not limited to when we are closed for any holidays, staff development days, hurricane days or Force Majeure events that may occur during the school year. Registration and tuition are non-refundable.

Late Fees

A \$10.00 late charge will be added to all accounts that are not paid by Wednesday, if the fee is not received by Friday, the child will not be accepted into school until payment is made. This may cause you to lose your child's spot at Kids Zone Academy 2.

Written Notice of Termination

Two weeks written notification for termination of childcare will be expected from the parent/legal guardian in advance or two weeks tuition will be charged to your account. If not paid, you understand and agree that any outstanding balance will be sent to a collection agency or small claims court. In addition, you acknowledge and agree that a 2% interest fee will be added to any unpaid balance on your account along with collection and late fees. You understand and agree to be personally liable and responsible for any and all collection or legal fees including but not limited to attorney's fees.

Late Pickups

You understand and agree that you are responsible for picking up your child on time at the end of each School Day. We close promptly at 5:00 p.m. each and every day to allow our Teachers and Staff to clean and prepare the facility for the following School day. You understand that there is a late charge of \$2.00 per minute after closing time for late pick-ups.

This fee is required to be paid by the following day of care or the child will not be allowed to return to school. We do not accept any children before 7:00 a.m.

NSF Fees

You understand and agree that there is a \$35.00 Non-sufficient Funds Fee if your check or your debit card payment does not clear the bank for any reason. Our facility banks with GTE Federal Credit Union and they have a policy that processes your check twice if it does not clear the first time yet does the second time. You understand that our Facility is still charged these fees and we must be reimbursed by you. The full \$25.00 returned charge bank fee is due along with the amount of the check or payment in cash before your child can return to School.

Parents Signature: _____

Parents Name (Printed): _____

Date: _____



KIDS ZONE ACADEMY 1 & 2
RELEASE & LIMITED LIABILITY WAIVER

I, We understand that there are risks involved in allowing my child to participate in indoor or outdoor activities as well as consuming food and beverages at School. I/We understand and agree that children can fall down and get hurt in other types of accidents even under diligent supervision. I/We understand that it is my/our duty to ensure that our child is wearing proper attire for the activities at Kids Zone Academy. I/We understand and agree that it is our duty to notify Kids Zone Academy in advance in the event my/our child has any known physical or mental limitations; health and safety information specific to my/our child; as well as all known allergies. I/We understand that my/our child may have allergies that are presently unknown and agree it is my/our duty to discover and notify Kids Zone Academy, their Staff and Teachers of any known allergies. I/We understand and agree that allergic reactions are possible even under diligent supervision.

By signing below, I/We release and hold harmless Kids Zone Academy, LLC, its employees, officers, directors, agents, representatives, affiliates, successors and/or assigns from any and all claims, demands, causes of action, damages and/or liabilities of any kind which arise from or are caused by or contributed by or in any way related to my child's attendance at Kids Zone Academy including but not limited to acts and omissions of third parties, except that this Release does not apply to intentional willful misconduct or gross negligence by Kids Zone Academy or its Staff and employees. Kids Zone Academy shall not be liable for any event or incident related to lack of notice or incorrect information provided about my/our child's limitations, allergies or other health and safety information.

Should I/We hire a Kids Zone Academy employee to provide private child-care services off-site when he/she is off duty, then I/We understand Kids Zone Academy does not offer services outside of its normal operating hours or off-site of its property and I/We agree that Kids Zone Academy will not be a party to, associated with, or liable for, any child care provided by anyone outside of its normal operating hours or off-site of its property, even if the person(s) providing such care are wearing Kids Zone Academy clothing and/or is an employee or owner of Kids Zone Academy.

Should a legal dispute of any kind arise between myself and Kids Zone Academy, or any of its employees, officers or directors, agents, representatives, affiliates, successors, and/or assigns, then the venue and jurisdiction shall be in Florida state court in the Sixth Judicial Circuit of Pinellas County, unless otherwise mutually agreed in writing and the prevailing party shall be entitled to recover their legal costs and attorney's fees. If any condition or language herein is found to be unenforceable, then the unenforceable part shall be severed and the remainder of this agreement shall continue in full force and effect.

I/We are the lawful Parent or Guardian of the child named below and my/our signature indicates that I/We agree with all of the above conditions on my behalf as well as on behalf of the person for whom I am the Parent or Guardian.

Child's Name (Printed): _____
Parent's Name (Printed): _____
Parent Signature: _____
Date: _____

PARENT ACKNOWLEDGEMENT FORM

Dear Parents, Please read and initial the following summary of our Policies and Procedures. These Policies and Procedures are also provided to you in the Kids Zone Academy Enrollment Packet. All Parents and Legal Guardians are required to have knowledge of and understand all policies and procedures.

_____ I/We acknowledge that picking up my child(ren) up after 5:00 p.m. will result in a late fee of \$2.00 per minute and that more than 3 occurrences in a month is ground for termination of the Agreement and your child's expulsion from School.

_____ I/We understand that I must notify the School staff if my/our child(ren) will not be in school for the entire day.

_____ I/We understand that I will receive an invoice through my/our Bright Wheel account on Thursday and payment for the upcoming week will be due by Friday. If payment is not made by Friday, it will incur a \$10.00 late fee which is due and owing immediately. If payment is not immediately arranged with the Director, I/We understand that our child will be suspended from School.

_____ I/We understand that if my child(ren) is/are enrolled as a part-time student that I/We are responsible to pay for the days agreed upon with the Director regardless of my/our child's attendance.

_____ I/We understand that if I/We choose to withdraw our child(ren), the Director must be notified in writing either via email or text.

_____ I/We understand that Staff will ask for identification from individuals picking up my/our child(ren).

_____ I/We understand that my/our child may not bring toys, games or electronics to School.

_____ I/We understand that if my/our child is absent for a week straight and an office staff member is not aware of the reason why, my/our child will be terminated from School.

_____ I/We give permission for our/my child(ren) to be transported to/from School by an Academy Staff Member. I/We also give my/our permission for my /our child(ren) to attend field trips that are announced in advance. (This pertains to VPKers and School Aged Children only).

_____ I/We give permission for my/our child to attend walking field trips that are announced in advance.

_____ I/We give permission to the Academy to transport my/our child(ren) to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, or other unforeseen Force Majeure events.



KIDS ZONE ACADEMY 1 & 2
CENTER POLICIES AND TUITION
FINANCIAL AGREEMENT

PARENT ACKNOWLEDGEMENT FORM

I/We have read and understand the contents as provided in the Kids Zone Academy enrollment packet.

Signature of Parent/Legal Guardian: _____ Date: _____

I/We acknowledge and understand that this Agreement contains the Kids Zone Academy (i.e. "Academy") Tuition and Financial terms and conditions. I/We also understand that upon enrollment at Kids Zone Academy, that the school registration fee and 1st week's deposit for my/our child is Non-Refundable should my family arrangements change. X_____

I/We understand and agree that tuition is due every Friday before my/our child(ren) attends the Academy. Should the tuition fee be late by Monday at 5:00 p.m. (Academy's clock) then an additional \$30.00 will be added for late fees. X_____

I/We agree to the Academy's policy regarding late pickups of a child after closing of \$2.00 per minute after 5:00 p.m. (This policy includes our toddler room which closes at 5:00 p.m.) X_____

I/We understand and agree that there will be no deductions from tuition fees for sick days; absent days; or holidays. Returned checks are subject to a NSF charge of \$35.00 and all future payments must be made in cash or money order. X_____

I/We understand and agree that withdrawing my/our child(ren) from the Academy requires a two-week written notice which must be mailed or personally delivered to the Director of the Academy and I/We understand that all tuition is still due and payable. X_____

I/We have received, read and understand the Academy's expulsion and discipline policy. X_____

I/We understand that not all children have received current immunizations. I/We further understand that children who are not immunized must provide a copy of Form DH680 or evidence of religious exemption documentation. X_____

I/We further understand that ANY employee or Staff member of the Academy has full access to student records. X_____

I/We are fully aware of the Academy's Emergency Preparedness policies and procedure for inclement weather; hurricanes; tornadoes; and lockdown procedures. X_____

I/We understand that if my child is not potty trained that the 2year old Tuition will be paid until the child is fully potty trained. X_____

The following information on the person responsible for the child's tuition and other fees is required. In signing the agreement below, I/We have read and understand the Academy's policies and discipline procedures. I/We also understand that the Academy can refuse the right of enrollment at any time.

Parent/Guardian Full Name (Print): _____

Parent/Guardian Signature: _____.

Date: _____



Kids Zone Academy

What to bring on the First Day of School.

Items need for enrollment on the first day of school

- Completed enrollment package, make sure all lines are filled out. Put (N/A) if you do not have an answer.
- Current shot record and Doctor Physical from Florida Department of Health.
- For children ages 2 to 3, Pullups, and a change of cloths and a blanket for nap time.
- For ages 3 to 5 (Potty Trained), change of clothes and a blanket for nap time.
- Please remember our hours of operation are from 6:30am to 5pm.
- Breakfast is from 6:45am to 8:45am.
- Cut off time is 9am. If running late, please call the school before 9am. 10 am is Max cut off time. Meaning, children will not be accepted after 10am, no excuses.
- Tuition Payments are due on a weekly basis. Tuition must be paid on first day of enrollment.

Parent Signature _____

Date _____