

**AGREEMENT BETWEEN CHILDCARE PARENTS  
AND  
CHILD DEVELOPMENT ACADEMY AT MARSHALL UNIVERSITY**

**PARENTS' FEE AND ATTENDANCE AGREEMENT**

1. Before bringing my child for a visit read the Parent Handbook information carefully and ask for clarification on any matters not clearly understood. \_\_\_\_\_ (Initial here)
2. I enroll my child, \_\_\_\_\_ at the Child Development Academy at Marshall University (Academy) beginning \_\_\_\_\_.
3. I understand that the fee for the above childcare services is \$ \_\_\_\_\_ (per week) due in advance on the first day of each week. \_\_\_\_\_ (Initial here)
4. I understand I pay whether my child is in attendance. \_\_\_\_\_ (Initial here)
5. I understand I pay whether or not either the Academy is in session or quarantined. \_\_\_\_\_ (Initial here)
6. I understand that if I am delinquent for my tuition and any fees a payment plan may be required and implemented. Failure to comply could result in further collection efforts and dismissal of your child. \_\_\_\_\_ (Initial here)
7. I understand that when tuition is not paid by the due date (the beginning of each week); a late payment fee of \$25.00 per week is charged to my account. \_\_\_\_\_ (Initial here)
8. I understand a \$30.00 return check fee will be applied. \_\_\_\_\_ (Initial here)
9. I understand I am to sign my child in and out daily on Brightwheel.
10. I understand I am to keep an extra set of clothes at the Academy for my child at all times.
11. I understand I am to bring my child to the Academy dressed in clothes appropriate for the weather and that he/she can manage at toileting time.
12. I understand I am to inform the Academy when my child will be absent or tardy for any reason. \_\_\_\_\_ (Initial here)
13. I understand I am to inform the Academy immediately to report when my child has a communicable disease. \_\_\_\_\_ (Initial here)
14. I understand I am to inform the Academy of any change of address and/or changed phone numbers both at home and at work.
15. I understand I am to inform the Academy when I am not at my usual school or work location.
16. I understand I am to provide all information/forms required by the Academy and regulatory agencies.
17. I understand I am to provide correct documentation upon return from being absent or tardy or leaving early.
18. I understand I am to pay a late pick up fee of \$10.00 for the first five minutes and \$5.00 for every minute thereafter when my child is picked up after **5:30 p.m.** \_\_\_\_\_ (Initial here)
19. I understand I am to pay fees upon receipt of bill. \_\_\_\_\_ (Initial here)
20. I understand that if my family receives DHHR assistance failure to attend in accordance with DHHR guidelines will result in loss of my child's spot. **Does child receive DHHR?** Yes/No \_\_\_\_\_ (Initial here)
21. I understand that if my child receives any special services and my family receives DHHR assistance, it is my responsibility to inform and document such services to DHHR.
22. I understand upon receiving an Individualize Education Program (IEP) or Individualized Family Service Plan (IFSP) I give Child Development Academy permission to send a copy of plan to DHHR on my behalf. **Does child have IFSP/IEP?** Yes/No *If your child has IFSP/IEP we MUST receive a copy prior to first day of enrollment.* \_\_\_\_\_ (Initial here)
23. I understand I am to have physician documentation to adhere to special dietary restrictions at the Academy. **Does child have special dietary restrictions?** Yes/No \_\_\_\_\_ (Initial here)

**CHILD DEVELOPMENT ACADEMY AGREES TO:**

1. Provide an educational program appropriate for child’s developmental age and need.
2. Develop individual goals based on state standards.
3. Provide a caring, nurturing environment.
4. Develop individual positive guidance goals to support social-emotional development.
5. Provide a nutritious breakfast and lunch.
6. Arrange time for consultations three times a year and as needed.
7. Collaborate with consultants in area(s) of special needs.
8. Cooperate with parents in contacting other agencies when needed.
9. Report suspected cases of abuse/neglect to CPS.
10. Provide a bill incorporating all tuition and fee charges.
11. Provide breakfast and lunch if child is here within 15 minutes of meal being served.

**WITHDRAWAL**

1. I understand that I must notify the Academy in writing of my intention to withdraw my child two weeks prior to the withdrawal date to avoid charges for those two weeks. \_\_\_\_\_(Initial here)
2. I understand that if I withdraw my child from the Academy for any reason and want to re-enroll him/her at a later date, I am not guaranteed a space. \_\_\_\_\_(Initial here)

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Parent’s/Guardian’s Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Center’s Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_