Milestones Childcare handbook agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Milestones Childcare Center & Preschool handbook.

(Please initial each policy)

\_\_\_\_\_\_\_ I understand the deposit is non-refundable and that no cash refunds will be giving at the time of departure.

\_\_\_\_\_ I understand that I have to give a 30-day written notice in order to apply the deposit and failure to do so will result in the loss of my deposit.

\_\_\_\_\_\_ I understand that holidays and sick days are billable days.

\_\_\_\_\_\_ I understand the healthcare policy (I have one hour from the initial call to pick up my sick child/ren and they must remain home symptom free WITHOUT medication for 24 hours before they can return).

\_\_\_\_\_\_ I understand drop off cut-off is 9:30am (10:30am for appointments).

\_\_\_\_\_\_ I understand that pickup is by 6pm and there is a $1/minute late fee to be paid directly to the educator at pick up.

\_\_\_\_\_\_ I understand the monthly tuition is due on the 15th of each month and there is a $20/day late fee for any payments after the due date.

\_\_\_\_\_ I understand that my childcare may be disrupted if requested forms/emergency medication are not brought in before expiration date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date