



Parent Agreement Form

The Divinity Child Development Center will notify me immediately whenever my child becomes ill and I will pick my child up within one (1) hour timeframe. I hereby authorize the Divinity Child Development contact Child protective Services or the local police department for negligence if I don't promptly make transportation accommodations for my child.

The Divinity Child Development Center is authorized to seek immediate medical attention for my child in cases of an emergency from the closest available medical resource.

The Divinity Child Development Center will notify me immediately whenever my child hasn't been picked up from care at 6:00pm and I will notify Divinity Child Development Center if I will/may be late for childcare pick-up after 6:00pm. I will pay the late-fee with 72 hours of the date of late pick-up. I understand and accept the \$4.00 per/minute late fee (\$6.00 in inclement weather circumstances). I hereby authorize the Divinity Child Development Center to contact Child Protective Services or the local police department for negligence if I don't promptly contact the center to make transportation accommodations for my child within thirty (30) minutes after closing time and an emergency contact isn't available for pick-up.

Hours of operation are 6:30am-6:00pm Monday-Friday. Failure to pay late pick-up fee will result in termination of childcare services.

I agree to give Divinity Child Development Center two (2) weeks notice if I decide to terminate childcare services and pay **ALL** unpaid childcare fees before the last day of enrollment.

I authorize Divinity Child Development Center to exercise legal assistance for all unpaid or delinquent childcare fees upon termination of child care services, to include attorney fees and court cost, at my expense.

**I UNDERSTAND AND ACKNOWLEDGE THE PARENT AGREEMENT WITH
DIVINITY CHILD DEVELOPMENT CENTER.**

Parent Signature

Date