

**2023-2024 PRESCHOOL POLICY AGREEMENT BETWEEN
PARENTS AND PLEASE AND THANK YOU CHILDREN'S PLACE, LLC**

PARENT HANDBOOK

I received and read the current PTYCP Parent Handbook prior to my child's start date.

ENROLLMENT

I understand I am required to provide a completed enrollment packet, medical form, and emergency form for my child to attend the program; OCFS form(s) updated as needed.

TUITION AGREEMENT

I agree to deliver tuition in full on the 1st of each month, by check, including fees for past due payment or insufficient funds. Absences & closings are non-refundable, there are no make-up days. The deposit is non-refundable if discontinuing services prior to June, and any remaining balance is due if the enrollment spot cannot be not filled.

LATE PICK-UP FEE

A late fee of \$2.00 per minute is billed if my child is picked up past the agreed pick-up time.

PARENT COLLABORATION

I agree to actively communicate with staff to advocate for my child's developmental growth and learning; via in-person, over phone, and through email correspondence.

CURRICULUM

I understand that the curriculum is a framework adapted by NYS Early Learning Guidelines. Lesson plans & learning materials promote both developmental and academic learning through structured hands-on play experiences, with emphasis on social-emotional learning.

HEALTH

I understand the program cares for well-children only. I agree to keep my child home when he or she is sick, to contact staff regarding illness, to follow OCFS/DOH health care policy & guidelines.

DISCIPLINE

The program uses positive techniques and strategies to encourage my child's self-esteem, problem-solving skills, self-control, and regulation.

NUTRITION

I will provide a daily lunch for my child; notify Staff if my child develops food allergies or any changes to his or her diet. PTYCP provides a light morning snack.

TRANSPORTATION

I am responsible for my child's transportation to/from the program, including field trips.

SPECIAL NEEDS

My child's physician has indicated any special needs or developmental delays, as outlined on my child's medical form and special health care form. IEP information required prior to start date.

MEDIA

I give permission for PTYCP to use, publish, disclose, or re-disclose any photographs and/or PTYCP recordings of my child for brochures, marketing materials, including social media, associated with PTYCP.

Initial here if you DO NOT want your child included in media: _____

PRIVACY

I agree to respect confidentiality & privacy of children and families enrolled in the program.

I UNDERSTAND THIS AGREEMENT, INCLUDING PROGRAM POLICIES, PRACTICES & PROCEDURES, AS OUTLINED IN THE PARENT HANDBOOK AND ENROLLEMENT PACKET WITH PLEASE AND THANK YOU CHILDREN'S PLACE, LLC:

Child's Full Name: _____

Parent's Full Printed Name: _____

Parent Signature: _____ Date: _____

Administrative Use: _____ Provider Copy: _____ Parent Copy: _____