

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

**PARENTS’(S) AGREE TO:**

1. Read Parent Handbook information carefully before bringing child for visit and ask for clarification on any matters not clearly understood.
2. Sign my child in and out daily according to the agreed schedule.
3. Keep an extra set of clothes at center for my child at all times.
4. Bring child to the center dressed in clothes appropriate for the weather and that he/she can manage at toileting time.
5. Call when my child will absent for any reason and should my child have a communicable disease, report that disease to the center immediately.
6. Keep center informed of changes of address and/or phone numbers both at home and at work.
7. Keep center informed when I am not at usual school or work location, in case of an emergency.
8. Provide all information/forms required by the center and regulatory agencies.

**CHILD DEVELOPMENT ACADEMY @ MU STAFF AGREE TO:**

1. Provide an educational program appropriate for child’s developmental age and need.
2. Provide a caring, nurturing environment.
3. Provide a nutritious breakfast, lunch and snack.
4. Arrange time for consultation with teachers as needed.
5. Collaborate with consultants in area(s) of special need.
6. Cooperate with parents in contacting other agencies when needed.
7. Keep costs as low as is possible and still provide quality care.

**FEE AND ATTENDANCE AGREEMENT**

**ENROLLMENT**

1. I enroll my child, \_\_\_\_\_ at the Child Development Academy at Marshall University beginning \_\_\_\_\_.

2. I reserve the following space for my child:

<b>Days:</b>	Daily	OR	Monday	Tuesday	Wednesday	Thursday	Friday
Approx. Arrival:		/					
Approx. Department:		/					

I understand that any changes in days can be arranged only as space is available.

(over)

3. I understand that the fee for the above child care services is \$\_\_\_\_\_ (per week/per day due in advance on the first day of each week).
4. I understand that if this fee is delinquent, I will forfeit my child's space in the center.
5. I understand that this fee is due whether or not my child is present. This includes holidays, illnesses, or vacations.
6. I understand that when tuition is not paid by the due date (the beginning of each week), a late fee of \$10.00 per week is charged to my account.
7. I understand a late fee of \$10.00 for the first five minutes and \$5.00 for every minute thereafter will be charged when my child is picked up late.
8. I understand that if my child is enrolled under a DHHR program or any program of assistance, in which child care fees are paid by the state or other source, that while I am at work, school, or other approved activity, my child must attend 90% of allotted days per month as authorized on my State of WV Day Care Certificate or any other contract/agreement. If my child attends less than the stated number of days, I risk losing his/her space.
9. I understand that failure to meet the 90% attendance policy will place my child on probation. Two consecutive months on probation OR three non-consecutive months on probation in one year will result in loss of my child's space.
10. I understand that if my child receives early intervention services, placement may need to be reviewed if attendance is irregular.

**WITHDRAWAL**

1. I understand that I must notify the center in writing of my intention to withdraw my child two weeks in advance of the planned withdrawal date to avoid charges for those two weeks.
2. I understand that if I withdraw my child from the center for any reason and want to re-enroll him/her at a later date, I am not guaranteed a space at the time I want it. I must fill out a pre-enrollment form and pay the application fee which will put my name on the waiting list and the center will fill spaces from this list as openings become available. If I am notified of an opening before I want it, to insure this space I would have to pay the fees.

\_\_\_\_\_  
Parent's/Guardian's Signature

Social Security No. \_\_\_\_\_

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

\_\_\_\_\_  
Parent's/Guardian's Signature

Social Security No. \_\_\_\_\_

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

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