

AGREEMENT FORM

Summit Early Learning Center, Inc.

Minneapolis, MN 55405

Phone: 612-377-9011

Fax: 612-977-0168

Child's Name _____

Birth Date _____

Please initial next to the following statements:

_____ I have received the Summit Early Learning Center Parent Handbook

_____ I have been informed of and understand the policies and procedures of SELC:

- Child Illness/Sick child pick-up
- Medications
- Authorized/Emergency pick-up
- Hours of Program operation
- Parent sign in/sign out policy; Arrival and Departure
- Meals/snacks
- Behavior guidelines
- Children's items/belongings

_____ I have been informed of the goals and overall program of SELC

_____ I am aware that I will be informed of specifics through quarterly newsletters

_____ I agree that it is the responsibility of both the SELC staff and me/we as parents to keep an open line of communication

_____ I understand that all parents will be asked to periodically evaluate the program

_____ I understand that if the tuition payment is late, a late fee will be added to my payment

_____ I understand there is a late fee if I fail to pick up my children by the contracted time

_____ I have provided SELC with all requested information

_____ I have agreed to provide SELC with all updated information, such as phone number, address change, medical records, as soon as possible

Parent/Guardian _____

Date _____

Executive Director _____

Date _____