



# AGREEMENTS

## I. Permission.

- A. **Field Trips.** Unless parent/guardian specifies otherwise in writing, it shall be agree that the child has parent/guardian permission to participate in all Center activities, including bus trips, sport activities, and Center sponsored fields trips (on or away from the Center’s premises). \_\_\_\_\_(Initials)
- B. **Medical Emergencies.** The parent / guardian gives authorization to Annandale Play-Care, Inc. to obtain immediate medical care for my child/ children if an emergency occurs when he / she cannot be located immediately. \_\_\_\_\_(Initials)
- C. **Health Policy.** Parent / guardian agrees to make every effort to have the child picked up within the hour id the child’s temperature rises above 100 degrees or show other signs of communicable illness (diarrhea or vomiting) while at the Center. Parent / Guardian also agree to inform the center within 24 hours or the next business day after of his/her child or any member if the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately \_\_\_\_\_(Initials)
- D. **Duty of Care.** The Center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is in its custody. If the parent /guardian fails to pick up their child and the closing supervisor has tried every avenue to reach the parent / guardian—Annandale Play-Care, Inc. reserves the option to first call the police and then the Child Protective Services. If any employee at Annandale Play-Care, Inc. suspects child abuse, Child Protective Services will be notified. \_\_\_\_\_(Initials)
- E. **Respectable Conduct is expected at all times.** The parent(s) / guardian(s) agrees to follow and adhere to the policies of the center. If it becomes apparent that a positive working relationship is no longer obtainable, Annandale Play-Care, Inc. reserves the right to withdraw any student and / or their family. \_\_\_\_\_(Initials)
- F. **Use of Pictures.** Parent / guardian hereby gives permission for use of picture(s) and / or video / audio recordings of child participating in Center activities for Center publicity purposes. \_\_\_\_\_(Initials)

**II. Indemnification.** I agree to indemnify and hold the Annandale Play-Care, Inc. and all its employees and agents harmless for any liability whatsoever, to my child or any guardian or any parent thereof because of any injury or alleged injury to my child. In the event legal action is instituted against the Center or any employee or agent thereof and the person instituting such action is not the prevailing party, I agree immediately upon demand to reimburse the Center, its agents, and employees for all attorney’s fees, costs and other expenses incurred by the Center and its agents in defending any action against them. \_\_\_\_\_(Initials)

## III. Payment.

- A. I agree to pay the established tuition on either a weekly, bi-weekly, or monthly basis, in advance, payable on the first (1<sup>st</sup>) day of the payment schedule which I choose. \_\_\_\_\_(Initials)
- B. **I understand that there will be no deductions from the tuition for absences of my child.** \_\_\_\_\_(Initials)
- C. **If I decide to withdraw my child, I agree to GIVE 2 WEEKS WRITTEN NOTICE OR PAY THE 2 WEEK NOTICE IN FULL (the full amount of my child’s tuition in full).** \_\_\_\_\_(Initials)
- D. I will pay a service charge of **Ten Dollars (\$10.00)** per day if my tuition is not paid within the set Center policies of payment. In the event a check (of mine) is returned by my bank for any reason, I agree to pay a processing charge to the Center of **Fifty Dollars (\$50.00)**. I also agree to pay reasonable attorney’s fees and other costs and expenses incurred by the Center in collecting or attempting to collect any obligations which I owe to the center. \_\_\_\_\_(Initials)

**By signing below, I hereby acknowledge that I have read, understood, and agree to all policies set forth in the Center information packet, also acknowledging receipt of same. This Agreement shall be effect for as long as my child is enrolled at Annandale Play-Care, Inc.**

## SIGNATURES

\_\_\_\_\_  
Mother / Legal Guardian      DATE

\_\_\_\_\_  
Father / Legal Guardian      DATE

**OFFICE USE ONLY (FILE COMPLETION VERIFICATION)**

DATE COMPLETED:	NAME OF APC REP VERIFYING FORM:	APC REPRESENTATIVE SIGNATURE:	DATE: