Parent Contract

botti parerits/guardiaris si	nould read, initial each statement, sign and date the Farent Contract.
I have received a copy of the F	Parent Handbook, Fees, and Fee Schedule.
I have read and agree to abide	by the policies and procedures set forth in the Parent Handbook and Fee Schedule.
I have read and understand the	e payment policy.
I understand that school closes	s each day at 3:45pm .
I understand that Candi's Crea	tive Playschool & Learning Center, LLC is NOT a daycare!
I understand that late pick-ups	will result in additional charges (as outlined in the tuition contract).
I understand that my child will I	be dismissed from the program after being picked up late three times.
I understand that a late fee will	be added to accounts that have not been paid on time.
I understand that tuition and la	te fees not paid will result in termination of services.
I understand that there are no or when my child is absent.	deductions in fees when CCPLC is closed due to holidays, closings, inclement weather,
I understand that children may	not be dropped off before 8:00am.
I understand that I must pack a	a nutritious lunch for my child each day.
I understand that instruction be 9:00am.	egins promptly at 9:00am (after breakfast) and that my child should arrive each day by
I understand that drop-off after	9:00am is prohibited.
I understand that frequent absences will cause my child to be dismissed from the program.	
I understand that CCPLC (Can	di) does not carry liability insurance.
I understand that it is my responsibility to keep my child's records current and to make changes as they occur. Examples: telephone numbers, addresses, work locations, emergency contacts, child's physician information, child's health status, immunization records, etc.	
I understand that parent involv participate in special days/activities, e	ement is required. Examples: donating materials when asked, allowing child to etc.
I understand that CCPLC does	not dispense medications of any kind.
I understand that CCPLC will k	eep me informed of any accidents, illnesses, injuries, etc.
I understand that a weekly tuiti	on fee of \$165.00 is due each week unless stated otherwise.
	It paid by Monday morning at drop off, I will be billed an inconvenience fee in the NOT attend until all fees are paid in FULL. I understand that I will be billed an additional paid.
I understand that I am paying f	or my child's space and not the time that he/she is present.
I understand that I will need to closings and other happenings through	check the parent page often, so that I can stay up-to-date with announcements, ghout the year.
Signed : Mother/Guardian	_ Date:
Signed :	Nate:
Father/Guardian	
Signed :	_ Date:
Director (Candi Geter)	