

Key West
Early Childhood Center

Child Name: _____ Date of Birth: _____

I (we) _____ the parent(s) of _____ understand/agree to the following items:

Upon arrival, I will walk my child to his/her classroom and assist him/her with handwashing. I will ensure that I make contact with a teacher at both drop off and pick up time. Initial: _____

My child will not be released to anyone other than those listed on the emergency contact form. If I need to add someone to the list, changes must be submitted in writing. Any unfamiliar person will be asked to present a photo ID. Initial: _____

Operating hours of the center are 6:30am-5:30pm. I understand that if my child is present in the center outside of operating hours I will be assessed additional fees. Initial: _____

My child will be sent home if he has a fever of 100 degrees or higher, vomiting, diarrhea, or if the staff determine that he has an illness that requires care that would compromise the care of the other children in the classroom. **If my child is sent home ill, he will not return to the center the following day and until symptom free for 24 hours without the aid of medication.** Initial: _____

I have a clear understanding of the rates and fees and billing procedures. I have had any questions answered. I have provided a valid bank account for payment. Initial: _____

I understand that it is my responsibility to provide up to date information on my child, including address and phone number, as well as updated medical information as required for childcare licensing. I understand that failure to provide this information can result in suspension of care. Initial: _____

I consent to the release of information pertaining to my child for statistical purposes only, to state and government agencies as requested by the DHS regulations. Initial: _____

I understand that shall I choose to remove my child from Key West Early Childhood Center, I will be expected to provide a two weeks' notice. If I choose to remove my child from care without a two weeks' notice, I will still be charged for two weeks beyond the date of my notice. Initial: _____

I understand that staff may periodically share photos with me through the ProCare Connect app that contain my child with other children. To protect the privacy of the children, I will not share photos of my child that contain other children with anyone, including on social media. Initial: _____

I have reviewed the parent handbook. I understand that failure to comply with any of the above or any other policy/procedure in the parent handbook could result in the termination of my childcare services.

Parent Signature: _____ Date: _____