



WHIZ KIDS LEARNING CENTER'S ENROLLMENT PACKET

Dear Parents/Guardians:

Please complete, sign and return the following forms:

- Contract for Enrollment
- Parent Information Sheet
- Photo Release Agreement (if applicable)
- Medical Consent and Emergency Information Form
- Family Data Sheet
- Up-to-date Immunization Record or Exemption from pediatrician
- CACFP- Child and Adult Care Food Program
- Infant Sleeping Policy and Observation Sheet (if applicable)
- Allergy Form
- Trip Form

Please hand in your completed forms before and/or on the first day of school. In addition, a non-refundable one-time registration fee will be due at the time of enrollment.

Should you have any questions and/or concerns, please feel free to call us at (718) 239-9300.

Sincerely,

Heather Ruiz
Educational Director



WELCOME TO WHIZ KIDS LEARNING CENTER



Dear Families,

Thank you for your interest in Whiz Kids Learning Center. Here are some answers to the frequently asked questions that can facilitate the enrollment process.

To enroll your child: 1 week security deposit and a \$100 registration fee are required to secure a space for your child will include mandated by the Department of Health Tee-shirts with school logo and contact information. We will supply 2 and you can order more.

Your security deposit will remain on your account for the last two weeks at our center. If you choose to leave us, we ask that you let us know two weeks in advance in WRITING, and we will apply your security deposit to your final two weeks tuition.

Your child will need a complete physical including lead screening, varicella vaccine, better known as, chicken pox and a dental assessment if applicable.

Please note:

- We require the original document completed by your child's doctor
- Your child's pediatrician can do a dental assessment
- A copy of your child's immunization record is required; we are governed by the Department of Health, and up to date vaccinations for all children are required by this center.

You have the option of paying weekly, biweekly or monthly by cash and/or check. Tuition is due and payable in advance on the Monday of the week for which tuition applies. If paying monthly, payments are due on the first of each month. You can refer to our enrollment agreement for detailed information regarding all center policies.



Once your enrollment agreement is filled out completely, the director will go over your package with you, sign all required documents and give you a complete copy for your records. If you have any further questions feel free to call us again: (718)239-9300.



WHIZ KIDS LEARNING CENTER'S PARENT INFORMATION SHEET

Birth History:

Any unusual circumstances during pregnancy or delivery?

Is the child adopted? Yes ___ No ___

Special comments

Developmental History:

Walked alone at: 0-18 months _____ 18 months - 2 yrs. _____

Talked at: 0 – 2 yrs. _____ 2 yrs. and up _____

Toilet trained: Y/N Toilet trained at _____ months

Behavioral Characteristics: (check all that apply)

General temperament:

shy _____ confident _____ active _____ passive _____ other

Usual mode of misbehavior

Does he/she become angry easily? Yes ___ No ___

How does he/she express it?



What kind of discipline is used?

Child's reaction to discipline?

Is there a shared role in raising the child(ren)? Yes ___ No ___

Is there an area of disagreement in child rearing?

Particular fears? _____

Pattern of the Day:

Arises: _____ o'clock Sleeps: _____ hours Naps: _____ hours

Playmates

Other day care / playgroup / school experiences?

Family History:

Are there other children in the family? Yes ___ No ___ If yes, how many? ___

Are the parents living together? Yes ___ No ___

If no, child is living with which parent?



Are there other adults in the household?

Has the family moved frequently? Yes ___ No ___ Recently? Yes ___ No ___

Parental Information:

**Father's
name:** _____

Hobbies _____

**Educational/professional
background** _____

**Mother's
name:** _____

Hobbies _____

**Educational/professional
background** _____



WHIZ KIDS LEARNING CENTER'S MEDICAL CONSENT

Name of Child's Physician: _____ Phone: _____

Physician's Address: _____

Date of last physical exam: _____

Drug allergies:

Food allergies:

Medication taken regularly:

Chronic diseases/other health concerns:

Medical Insurance: _____ Employer: _____

Group #: _____ Membership #: _____

You can also provide Whiz Kids Learning Center with a copy of your insurance card's front and back for his or her file.

Signature of Parent or Legal Guardian

X _____ Date: _____

X _____ Date: _____



FAMILY DATA SHEET

Child's Name _____ Date of Birth _____

Nickname _____ Gender _____

Address _____

Home Phone _____ E-mail _____

Address and home phone number if different from above

Mother's Name _____ Mobile Phone _____

Business Name _____

Business Address _____

Business Phone _____

Father's Name _____ Mobile Phone _____

Business Name _____

Business Address _____

Business Phone _____

Please describe any special needs or circumstances, which may affect your child at school.

Preschoolers Only:

Toilet training (check one) _____ In diapers _____ Independent _____ Needs to be reminded: _____

Napping

instructions: _____



Additional comments:



PHOTO RELEASE AGREEMENT

Whiz Kids Learning Center has my/our permission to take photographs of:

_____.

(Child's Name)

May these photos be used in promotional materials for the school? Yes _____

No _____

Signature of Parent(s) and/or Legal Guardian(s):

X _____ Date: _____

X _____ Date: _____



WHIZ KIDS LEARNING CENTER'S MEDICAL CONSENT AND EMERGENCY INFORMATION

I (we), _____ (parent(s) or legal guardian), hereby grant permission to the Whiz Kids Learning Center's staff to give emergency treatment to include First Aid and CPR by a qualified staff member to seek medical attention for my (our) child, _____ (use full legal name), in the event such a treatment is deemed necessary and I (we) am (are) unable to be contacted.

I (we) understand that every effort will be made to contact me (us) before any treatment is administered to my (our) child.

I (we) further consent to medical, and hospital care treatment and procedures to be performed for my (our) child by my (our) child's regular physician, or when that physician cannot be reached, by a licensed physician and/or hospital when deemed immediately necessary or advisable by a physician to safeguard my (our) child's health. I (we) waive the right of consent to such treatment.

I (we) also give permission for my child to be transported by ambulance to an emergency medical care center for treatment.



EMERGENCY INFORMATION

Alternate Contacts:

Please list the name and daytime telephone number of four parties we may contact or may pick-up your child(ren) if you can not be reached in the event of an emergency.

1. _____
2. _____
3. _____
4. _____



WHIZ KIDS LEARNING CENTER'S CHECKLIST



- _____ weekly (full-time program) 5 times a week, 8:00am-5:30pm
- _____ Preschool Free Half day 5 times a week 8:00am – 12:00pm from 12:00pm to 5:30pm tuition applies.
- All children **MUST** be in the center **NO LATER THAN 9:30AM**
- Late pick up fee: \$10 up to every 15 minutes*. If service starting at 7:00 am to 8:00 am is needed, there is a \$30 weekly charge or if until 6:30 pm is needed; there is a \$30 weekly charge per session.
- Parents must provide 3 fitted sheets and a small blanket (labeled)
- Three (3) full changes of clothing (labeled) in 3 different Ziploc bags must be in child's cubby at all times
- If your child is in the process of potty-training, please don't send him/her in with any onesies; please see that your child wears clothing they can remove independently.
- Pull-ups and wipes provided weekly or as needed by parents.

* If 1-15 minutes late, you pay \$10.00. If 16-30 minutes late, you pay \$20.00

Reminder:

We are governed by the Department of Health. We are not permitted to store food items, toys, medications, ointments or bags of any kind in a child's cubby according to the DOH policy.

REGISTRATION AND SECURITY DEPOSIT AGREEMENT AND TUITION TERMS

Child's Name _____ Child's Date of Birth _____

Parent's Name _____

Home Address _____

Home Phone _____ Cellular Phone _____

Program Start Date _____ Child's Classroom _____

Days Attending: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

I will be dropping my child off at _____ I will be picking up my child at _____

Tuition mode is: Weekly Cash or Check _____ Monthly Cash or Check _____

Payment Options: I understand that my account will be billed at the mode selected above. If I wish to change my payment option or mode, I must give a 30 day written notice.

Applicable Fees:

The registration fee for the program \$100 This fee is non-refundable.

I am required to leave a week security deposit in the amount of _____, in order to guarantee placement of my child. Whiz Kids Learning Center acknowledges and assures that space will be available for my child on the start date that I have selected. My security deposit is non-refundable. Failure to start on the above mentioned date will result in loss of security deposit.

- I am required by this contract to give a two week written notice of withdrawal, if my child will no longer be attending this program. Once notice is given, my deposit will be applied to my last two weeks of enrollment. My account will be

billed out at the time of notice, and my deposit will be applied. If any payment is due at the time of notice, your account must be paid in full at that time.



- If my program changes, my security deposit will be adjusted to remain current with the selected tuition rate.
- If for any reason, I do not start my child in the program, I understand that I will forfeit my registration and security deposit.
- I understand that if I do not give the required notice of withdrawal, my account will continue to be billed, and I agree to pay any outstanding monies due.
- You are considered enrolled in the school as soon as the registration fee and/or the security deposit are paid.
- I understand and agree to all terms and conditions of this agreement, the enrollment agreement and the family policy agreement.
- I understand that policies for this school are governed by state and local agencies, and that I must remain in compliance with all compliance with all policies and regulations.

HRA Families

- I understand that my co-pay is due on in advance, on the Monday of the week for which tuition applies. If this is not received at that time, applicable late fees will be applied to the account, as per the enrollment agreement.
- I understand that if my co-pay is not current, my child may not attend until my account is paid in full.
- I understand that my co-pay is due even if the child is absent from the program for any reason.
- I understand that my voucher covers my attendance for the following days and times: _____
- I understand if I exceed the time allotted by my voucher that I must pay the required fees at the time of occurrence, or my child may not attend until my account is current.
- I understand that Whiz Kids Learning Center is required by law to notify the proper authorities if you are not current with your account and my voucher could be revoked for no compliance.
- I understand that that if I miss more that the days allotted, my voucher will be revoked.
- I understand that I must report any changes in status to ACS/HRA and the school immediately.
- I understand that I must immediately notify the school of any change in co-pay.
- I understand that if my voucher ends, and I wish to remain in the school, I am responsible for all tuition and fees.

Parents/Guardian signature _____ Date _____

Administrator's signature _____ Date _____



Record of Amount Tendered

Registration Fee	_____
Security Deposit	_____
Tuition	_____
Total Amount Tendered	_____



ENROLLMENT FORMS

FIRST PARENT/GUARDIAN INFORMATION

Last Name	First Name
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Address	City	State	Zip Code
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Home Phone	Cell Phone
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Place of Employment	Corp. Partner
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Work Address	City	State	Zip
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Work Phone	Work Hours	Title	Email
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How did you hear about us?

SECOND PARENT/GUARDIAN INFORMATION

Last Name	First Name
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Address	City	State	Zip Code
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Home Phone	Cell Phone
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Place of Employment	Corp. Partner
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Work Address	City	State	Zip
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Work Phone	Work Hours	Title	Email
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How did you hear about us?

PEDIATRIC PHYSICIAN & DENTIST INFORMATION

Dr. Last Name	First Name		
Office	Phone Number		
Address	City	State	Zip
Dentist Name	Phone Number		
Hospital Name	Phone Number		
Insurance Carrier	Policy Number		

CHILD'S BASIC INFORMATION

Last Name	First Name	DOB
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Gender

Allergies* Please present proper documentation



CHILD'S PROGRAM INFORMATION

Application Date _____ Expected Start Date _____

School Age Child-Name _____ Time of Dismissal _____

Expected Schedule:

Mon Tues Wed Thurs Fri

Program Classroom Tuition Mode Amount

Registration Fee Security Deposit Start Date Drop Date

A copy of THIS form, for each child, shall be placed in a one inch binder separated alphabetically by last name and taken on the bus/van for each field trip or to the emergency evacuation site.

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

I, (We), _____ do hereby state that I am (we are)
 parent(s) and/or legal guardian(s) of _____, who resides with me
 (us) at _____.

I, (we), _____ authorize for emergency purposes only, a designated employee of the center to transport the above minor by ambulance and consent to any necessary practice medicine in the State of New York.



AUTHORIZATION

 Parent(s) Legal Guardian(s) Signature(s) Date

 Center Director (Witness) Date

EMERGENCY CONTACTS/AUTHORIZED PICK UP (in order of preference)

 Name Relationship Daytime Phone

 Name Relationship Daytime Phone

 Name Relationship Daytime Phone

 Name Relationship Daytime Phone

 Name Relationship Daytime Phone

AFTER HOURS

If a child has been picked up closing time, it is the responsibility of the Center Director to attempt to contact the parents and every authorized pick up person listed on this form. If no contact can be made to arrange a pick-up, legal authorities must be notified. If these authorities are also unable to make a contact, the child must be cared for as directed by these authorities. The staff is not permitted to remove the child from the center and continue to provide care in their home or any other location.

Signature: _____

Date: _____

Signature: _____

Date: _____

Director: _____

Date: _____



For emergency purposes, our emergency evacuation site is:

Parents(s) Legal Guardian(s) Signature(s)

Date

Educational Director

Date

Enrollment Agreement

Child's Full Legal Name _____

Date of Birth _____

Parent/Legal Guardian Name(s) _____

TUITION AND MODIFICATIONS CONDITIONS

I have enrolled my child in the following program

From _____ am/pm to _____ am/pm

Monday Tuesday Wednesday Thursday Friday

AGENCY REIMBURSEMENT

I understand that I am solely responsible for any tuition payment or late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for any payment to Whiz Kids Learning Center of any tuition excess if any agency or third party reimbursement resulting from my failure to promptly communicate status changes.

Government (HRA) co-payments are due and payable in advance on the Monday of the week for which tuition applies. If not paid accordingly, enrollment will be immediately suspended until your account is current.



PAYMENT OF TUITION

ALL FEES, DEPOSITS AND REGISTRATIONS ARE NON-REFUNDABLE

MONTHLY PAYMENTS: \$_____ due on the 1st. A late fee of \$30 will be charged if tuition is not paid by the 1st and an additional \$5 will be charged each day thereafter. If your account is not paid in full by the fifth of the month, enrollment will be suspended until your account is current.

WEEKLY PAYMENTS: \$_____ Tuition is due and payable in advance on the Monday of the week for which tuition applies. A late fee of \$30 will be charged if tuition is not received by close of business on that Monday, and an additional \$5 will be charged for each day thereafter. If your account is not paid in full by Wednesday, enrollment will be suspended until your account is current.

If payment in full is not received when due, I agree to pay a late payment fee per week/month or part of each week/month that tuition is not received. All late fees are subject to change without notice. I understand that if my account is delinquent according to the week/month payment tuition terms, I will be asked to withdraw my child until my account is made current. Payments are still due and accruing during suspension. The center can not guarantee a child's spot will be held when a child's withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third party collection agency. Any accounts going to collection or any outside services for collection, you will be responsible for payment of those fees.

RETURNED CHECKS

I understand that a processing fee of \$35 will be charged to my account for all checks which are returned for any reason. This fee is in addition to any charges that my bank may charge me. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a calendar year, I will be required to pay money order to cash. Late fees will be applied for all returned checks.

REGISTRATION FEE

I understand that a one time, non-refundable, registration fee of \$100 per child shall be paid in advance to enroll my child. I understand that I may guarantee my child's

enrollment by paying this fee as soon as possible. Upon payment of registration fee a start date will be given.



DISCOUNTS

A ten percent (10%) discount is offered to for each additional child from my immediate family enrolled in the center. The discount is applied to the lowest tuition rate.

These discounts are available only to those accounts when full tuition is paid in advance. Discounts are not applicable to the registration fee; early or late drop off fees, curriculum/program fees, agency co-pays, and special program promotion or for any other fees or services and cannot be combined with any other discounts or promotions.

ADMINISTRATORS FEE

Failure to supply current and valid emergency contacts will result in your account being charged with a twenty-five (\$25) administrator fee.

CHARGES AND PROCEDURES FOR LATE PICK-UP

Our school closes at 5:30pm but we have late pick up service until 6:30pm for those families in need. All families must be on time picking up their child. You must make sure that you leave ample time to be out of the building by 5:30pm. Any family picking up after 5:30pm will be charged \$10 for every 15 minutes. **This fee is due upon pick-up.** If this fee is not paid at the time of pick-up, a late fee will be charged.

ENROLLMENT

I understand that the completion and execution of any forms and the payment of any tuition, timely or in advance, is not a guarantee of enrollment, continued enrollment or re-enrollment. My child may be refused enrollment or may be dis-enrolled at any time, with or without notice, when it is believed, at Whiz Kids Learning Center's sole discretion, that discontinuing or refusing enrollment is in the best interest if my child, the center or the other children in Whiz Kids Learning Center's care. I further understand that enrollment at Whiz Kids Learning Center is not a guarantee of academic or other success, progression or promotion.



Parent(s)/Guardian(s) Signatures Date

Parent(s)/Guardian(s) Signatures Date

Educational Director Date

INCLEMENT WEATHER OR OTHER DISASTER

I understand that it is Whiz Kids Learning Center’s intention to be open and provide child care service every week day of the year, excluding holidays, but that inclement weather, natural / national disaster or major building issue may disrupt service from time to time. I will contact the center to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the center is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to 3 days.

HOLIDAYS

I understand that the center is closed on the following holidays: Memorial Day, Independence Day, Last Friday in August, Labor Day, Eid al-Adha, Columbus Day, Veterans Day, Martin Luther King Jr. Day, President’s Day, Thanksgiving Day, the day after Thanksgiving, Good Friday, Christmas Eve, Christmas Day, New Year’s Eve and New Years Day, Staff Development, Good Friday, and will have early dismissal for parent Teacher conferences. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES

I agree to inform the center immediately if my child(ren) will be absent on any day. I understand that no allowances, credit refunds or make up days shall be made for occasional absences. My regularly contracted tuition is due for all weeks when my child attends any part of the week. If my child is absent for an entire week, I may choose to use a vacation credit. The terms of a vacation credit are as follows: After (6) continuous months of enrollment, I may elect to use one week of Vacation Credit when my child is not in attendance for an entire week, Monday through Friday. During the vacation credit

week, my regular tuition charge will be reduced by 50%. There is a one (1) week maximum annual vacation credit allowance which is non-cumulative and must be taken in full week increments. **There is no credit given for single days and vacation credits may not be carried over.**



WITHDRAWAL FROM PROGRAM

I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she or he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to pay a new non-refundable Registration Fee. If there is an outstanding balance, including tuition and fees, when my child is withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees are non-refundable.

DAILY SIGN IN AND SIGN OUT

I agree to sign my child(ren) in and out everyday on the Whiz Kids Learning Center. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the center to drop off and pick up my child(ren) and that I must escort my child(ren) to and from the designated classroom each day. I agree to complete the manual sign-in/out procedures. I agree to have my child in school no later than 9:30am. In the event of an emergency, I must call the school to request a waiver for the day. I further understand in the event of a doctor's appointment, I need to bring in a doctor's note.

RELEASE OF MY CHILDREN

I understand that my child will only be released to me, a parent or legal guardian (except where prohibited by state child care law or court order) and to those persons whose names I have listed on the **Authorization for Student Pick-up** form. I understand that Whiz Kids Learning Center may require, at any time and without notice, satisfactory proof of identification and a valid driver's license from any person, including myself, who proposes to pick up and transport my child(ren). I understand that for the safety and security of my child(ren). If an emergency were to arise where an unauthorized person were to pick up or drop off my child(ren), I will be provide a verification directed by the center. I will be required to follow the center's instructions for **Student Release to an Unauthorized Person** policy which requires a current photo ID from the person picking

up my child and the completion of a release form which I must sign upon my next arrival at the center. I understand that Whiz Kids Learning Center has the right to refuse to release a child to any person, including myself, who fails or refuses to follow Whiz Kids Learning Center's sign in and sign out and child release policies, or to any person who appears, in the sole discretion of Whiz Kids Learning Center, unable to safely transport my child(ren). I understand that no person under the age of 18, including family members but excluding emancipated minor parents, may pick up a child from the center. I further understand only I can pick-up my child from his/her classroom. Authorized persons must wait at the front desk for the staff member to bring the child to them.

MODEL RELEASE

Whiz Kids Learning Center, its agents, affiliates and licenses, _____ may or may not _____ use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

CHILD INFORMATION

I understand that it is the sole responsibility to inform Whiz Kids Learning Center of any changes in my personal information or my child's personal information including, but not limited to: address, home phone number, work phone number, cellular phone number, days and hours of work, days and hours of school, transportation arrangements, child's medical conditions and any changes that may affect my child's enrollment. I understand that Whiz Kids Learning Center will not be responsible for errors or claims resulting from my failure to provide current personal information.

EMERGENCY CONTACTS

I understand that I am required to provide and maintain at all times a minimum of two (2) additional emergency contacts other than myself, including full names, home and phone numbers, cellular phone numbers, addresses, drivers license numbers or state identification numbers, and relationship to my child(ren). I understand that in the event of any emergency for which I can not be reached and the emergency contacts can not be reached, that the center may contact the police or other local authorities for assistance.



CENTER SAFETY

I understand that Whiz Kids Learning Center has an open door policy for parents and legal guardians while my child(ren) is/are in attendance. However, I would have to call in advance and state my presence/duration. I also understand that access to the center may be restricted to custodial parents pursuant to state child care regulations, or may be further restricted by court order. I further understand that, if for any reason it deems appropriate for the preservation of the safety, security and/or health or general well being of the center, Whiz Kids Learning Center may temporarily or permanently exclude any person from the center, including a parent, whom Whiz Kids Learning Center find at its sole discretion, poses or is likely to pose a risk to the center or who fails or refuses to conduct him or herself in a manner befitting a child care environment. Prohibitions include but are not limited to: profanity, yelling, threatening, aggressive or violent behavior, intoxication or failure to follow Whiz Kids Learning Center policies and procedures.

INTERVIEWING CHILDREN AND INSPECTION RECORDS

I understand that the state care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the center, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by Whiz Kids Learning Center.

ILLNESS AND RE-ADMISSION

I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the Whiz Kids Readmission Criteria in the ***Policy Agreement***. Additionally, I understand that if I am notified to pick up my child due to illness, arrangements must be made within one (1-2) hours. Child may not come to school for 24 hours unless otherwise notified by a physician and a note will be required. Failure to comply will result in late fees.

MEDICATION

I understand that Whiz Kids Learning Center will not be administering medication and I must administer all prescription and over-the-counter medication. I understand that diaper cream must be labeled with my child's first and last names. I further understand the

diaper cream must be given in a sealed zip lock bag. **Be sure to update your child's medical records on time and submit to your director. Children may not be admitted to school without NYS required immunization records.**

PERSONAL ITEMS

I understand that Whiz Kids Learning Center is not responsible for lost or damaged personal items. I will ensure that my child(ren)'s clothing, backpacks and other personal items are clearly labeled with child(ren)'s first and last names. I further understand any items left in the center after the dis-enrollment will be discarded after two weeks. It is my responsibility to contact the center if I plan on picking up items within that time. Food and personal toys are not permitted in the center. Check with director as to how permitted items are stored.

ALL WHIZ KIDS LEARNING CENTER POLICIES AND STATE REGULATION

I understand that the above policies are not an all-inclusive list of policies, and that my child(ren), my family members, authorized agents and I are bound by state child care regulations, the Policy Agreement, and all other Whiz Kids Learning Center policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which, may be modified at any time, without notice. I also understand that my continued enrollment at Whiz Kids Learning Center constitutes my acknowledgement of, and agreement to abide by, all Whiz Kids Learning Center Policies and state regulations.

CELL PHONE FREE ZONE

Cell phones are not permitted to be used in the school at any time. I agree that I will not use or have my cell phone out at any time while on school property.

OUTSIDE FOOD AND TOYS

For the safety of all children food may be brought in from the outside. We have many children with severe food allergies. We must insure a safe environment and follow mandated policies for food safety. If you would like to have a birthday celebration for your child, all items must first cleared with your child's teacher. All of the items must be prepackaged with the ingredients label visible. We are nut free, egg free school. You are prohibited for giving your child food in the hallways or any other area of the school.



Food served in a classroom, may not leave that classroom. Your child may not bring in items from the outside; they may contain small parts that are choking hazards to children. Each toy and learning material supplied by the school is safe for children in the school; we do not have this safety check for item being brought from home. Any food item or toy that is brought in to the school will be disposed of.

NO MODIFICATIONS

No terms of this agreement may be altered, revised, modified and/or deleted by any person except in cases of Whiz Kids Learning Center policy change/rate change where both Whiz Kids Learning Center and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

These policies have been reviewed with me by center management. I understand and will comply with the policies included in Whiz Kids Learning Center's Enrollment Packet, Policies and Procedures and Family Policy Agreement. Policies in this contract will supersede all other previous documents.

Parent/Legal Guardian: _____ Date _____

Printed Name: _____

Parent/Legal Guardian: _____ Date _____

Printed Name: _____

Educational Director: _____ Date _____

