

# Parent Agreement

Please sign stating that you understand the following:

- I understand the Health/Safety policies of Christian Wee Lean Center. I understand that if my child displays symptoms of illness or a temperature of 100.5 degrees or above, I will be called to pick my child up and keep them home until they are fever and symptom free for at least 24 hours. (During a pandemic these policies are subject to change on the degree of temperature and amount of time required to be fever free in order to return.)
- I understand there is a flat weekly fee. There are no sick days, vacation days or holiday exceptions.
- I understand that I must give a two week notice before withdrawing my child, or I will pay two weeks tuition.
- I understand that weekly child care fees are non-refundable and non-transferable.
- I understand that failure to pay tuition on time will result in termination of childcare, but that such termination will not relieve me from the financial responsibility to make all payments due.
- I understand that my child is accepted on a two week trial basis.
- I agree to comply with the policies of Christian Wee Learn Center regarding payment of fees, attendance, health forms, safety rules, etc.
- I understand that Christian Wee Learn opens at 6:30 a.m. and closes promptly at 5:30 p.m. and I will abide by that policy. I agree to pay the late fee if my child is not picked up by 5:30.
- I agree to have my child at Christian Wee Learn Center by 9:00 a.m. each day, and If I am going to be late I will let the teachers or director know well in advance.
- I agree to pay the current fees which are currently \$142 a week for full time and \$52 a week for the afterschool program.
- I have received and read a copy of the Tennessee Department of human Services Summary of Licensing.
- I have read and understand the Parent Handbook.
- I have read and understand the Expulsion Policy.
- I have taken a tour either in person or virtually of Christian Wee Learn Center.

Child's/Children's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_