

## JENKINS ECLC PERMISSIONS/RELEASES

**Student Name:** \_\_\_\_\_ **Classroom:** \_\_\_\_\_ ( 2015-16 )

### BYE-BYE BUGGY RELEASE (infants through toddlers)

I give permission for my child to participate in Bye-Bye Buggy walks. I understand that the buggy is equipped with seat restraints that are similar to a car seat for safety purposes and that my child's caregivers will be with my child during the walks. Walks will be on the sidewalks nearby the center and will not cross Baker Rd.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### WALKING FIELD TRIP RELEASE (2 ½ years and older)

I give permission for my child to participate in walking field trips away from the center. These may include visiting local playgrounds, downtown, Dairy Queen, etc. I understand these trips will be conducted and supervised by my child's caregivers. In the event that a field trip is planned which requires transportation, a separate permission slip will be sent home for me to sign.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SPRINKLER ACTIVITY RELEASE

I give permission for my child to participate sprinkler and water activities at the center. I understand there will be continuous supervision and all safety rules will be enforced.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### SUNSCREEN, INSECT REPELLENT, ANTIBIOTIC OINTMENT RELEASE

I give my permission for staff to administer any of the following items that are initialed in accordance with the directions for use on the original container:

\_\_\_\_\_ Sunscreen                      \_\_\_\_\_ Insect Repellent                      \_\_\_\_\_ Antibiotic Ointment

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### PHOTO RELEASE

I give my permission for Dexter Community Schools to photograph or videotape my child. I understand that these media may be used for teacher training, to share with families, and to promote the program. These photos may be used for in print or online for program advertisements, brochures, media productions, or news articles.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **DEXTER COMMUNITY SCHOOLS JENKINS ECLC POLICY STATEMENTS**

1. I understand that bills will be placed in my center mailbox monthly and payments are due according to my child's program fee schedule. Monthly payments are due on the 15<sup>th</sup> of the month; weekly or bi-weekly payments are due by Friday for the following week(s). The fee schedule is based on a per-day fee for each week. A \$20.00 late payment fee will be added to my next bill for payments received after the 25<sup>th</sup> of the month.
2. I understand the program requires notification of any change in my child's schedule and changes can only be made on a space-available basis. I will request a schedule change in writing by the 25<sup>th</sup> of the month, two weeks in advance of altered schedule start date. If a change notice is not received, full payment of the existing schedule is expected.
3. I agree to pay \$5.00 per minute for a late pick up after 6:00pm. There is a 5-minute grace period. At the discretion of the Director and with prior notification, I may be required to pay late fees starting at 6:00 pm if I am late on several occasions.
4. My child may not be dropped off prior to 7:00am. I should be aware of weather conditions/school closings before I drop off my child in the morning. If there is no school due to inclement weather, the center will also be closed. I must sign my child in and/or out of care each day.
5. There are no refunds for my child's sick or vacation days, as well as snow days or emergency days. Staffing and operational costs are based on children's registered schedules.
6. I understand that parents of infants are responsible for providing all food, drinks, and diapers.
7. I understand that Dexter Community Schools (DCS) will offer hot lunch for toddlers and preschoolers at no additional charge. These meals must be pre-ordered using the monthly menu. On days I do not order a hot lunch for my child, I will provide a sack lunch.
8. I understand that DCS will provide morning and afternoon snack for my child. If my child cannot eat the planned snack due to food allergies or preferences, I will provide an alternative.
9. I certify that the medical information I have given on the health form for my child is complete and correct. I have notified the Director and staff of any severe allergies or life threatening conditions that my child may have and planned for special emergency measures.
10. If my child needs medication while attending DCS, I will provide the original package and fill out a medication form signed with specific instructions. It is my responsibility to make sure that the medication is sufficient in quantity, current, and available with instructions.
11. If my child is sent home from care due to illness or is ill on a non-center day, I understand that s/he must be fever-free (un-medicated) and symptom free for 24 hours before returning to care.
12. I agree to adhere to the discipline policy of Dexter Community Schools and expect that my child treat people and property with respect and not injure himself/herself or others. I take full responsibility for any damage or injury to person or property caused by my child. I will replace any property willfully destroyed by my child. Assessment will be made by the Director of Community Education.
13. I understand every effort and intervention will be made by the DCS staff to address problems. If my child displays consistent disruptive or threatening behavior or if he/she behaves in a dangerous manner or injures another child, then he/she may be suspended from the program for at least one day. In extreme cases, the child will be removed from the program completely.
14. I acknowledge that the DCS staff is required by law to notify the MI Dept. of Human Services when they see evidence of abuse or neglect and when a child is not picked up within an hour of closing.
15. I will notify the Jenkins ECLC office if my child is absent.
16. I understand that state day care licensing law requires that all childcare centers maintain a licensing notebook of all licensing inspection reports, special investigations, and all related corrective plans. This notebook is available for parents to review during regular business hours in the DCS child care centers. Licensing and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
17. I have completed and turned in all paperwork necessary for enrollment.

**I accept and agree to abide by the policy statements as outlined above:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# DEXTER COMMUNITY EDUCATION

## Payment Policies and Procedures

We place statements in parent mailboxes at the center, Payments are due according to the Fee Schedule and due dates for your child's program (attached). All payments are due on the 15<sup>th</sup> of each month (school-year only payments and summer off payments being paid August through May). A late fee of \$20.00 is applied automatically to any account that has not paid their balance by the 25<sup>th</sup> of the month. We reserve the right to assess a returned check fee of \$25 in the event that a check is returned due to insufficient funds. You may pay by check (payable to Dexter Community Education), cash, or via credit card (Visa, MasterCard, and Discover) through our office.

### REFUND POLICY

- The family registration fee is non-refundable.
- There are no refunds for days when a student is sick or for absences that result from personal vacation days taken when school is in session.
- There are no refunds made for school closures deemed necessary by the district Superintendent or the Dexter Community Education Director in the event of a year-round program closure. These may include, but are not limited to: weather, power outages, or building problems.

### COLLECTION PROCEDURES

If payment is not received, parents will be contacted either by phone, e-mail, or in writing to discuss payment plan or termination of services. It is the policy of Dexter Community Education that payment must be made in full prior to the start of the next month. Childcare may be terminated when payment is not made by the start of the next billed month. This decision is at the discretion of the Director of Community Education.

### CONTACT US

Please contact Assistant Director Gina Benson at 424-4180 ext. 1413 regarding any problems with your statements or any payment concerns. You may email her at [bensong@dexterschools.org](mailto:bensong@dexterschools.org).

I have received, reviewed, and signed a copy of the program's policy statements and will adhere to these conditions. In return for the privilege of participating in the DCS programs, I, the parent or legal guardian of the above-named student, agree to tuition payments according to the procedures, policies and conditions set forth in this agreement. A copy of the parent handbook is available online. I am responsible for reading, understanding, and abiding by this agreement.

**Parent/Guardian 1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian 2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*-----please sign and return this form-----*