

# The Children's Movement Center Childcare Policies and Procedures

The following rules pertain to The Children's Movement Center's enrollment & business policies. These policies are non-negotiable and are legally binding:

## Enrollment

- All forms must be completely filled out and returned before beginning childcare.
- The parent acknowledges that a physician signed medication form must be completed and on file at the CMC before ANY medication will be administered.
- The parent agrees to submit (on or before the first day of care provision), a written copy of each child's current immunization records.
- The parent agrees to provide a written, individualized care plan for any ongoing, long term, or recurring issues which require special attention or procedures of any kind (on or before the first day of care provision).

\_\_\_\_\_ Parent Initials signify recognition of terms of enrollment.

## Financial Procedures

- A child's place in class will not be held/reserved until receipt of registration fee, security deposit and first week's tuition payment by the CMC.
- The Children's Movement Center will not accept post-dated checks for childcare.

## Attendance/Vacation/Days off

- Tuition is due on a weekly basis. If a parent chooses to keep the child home for any reason during a non-vacation week, full tuition rates are still due to the CMC.
- The Children's Movement Center Preschool follows the New Milford Public School (N.M.P.S.) Calendar. When N.M.P.S. is in session, preschool, before & after school programs are held at The CMC. If there is a scheduled school vacation, childcare is still provided and children are still expected to attend (tuition remains due as scheduled), however homework club and the academic component of preschool are suspended.
- A single vacation week is allowed during the regular school year calendar, for each family whose account is in good standing. Tuition will be waived for that single week, providing two weeks advanced written notice is provided to the CMC by the child's parent.
- **The Children's Movement Center will be closed on New Year's Day, Memorial Day, Labor Day, Thanksgiving Day and Christmas Day.**
- The Children's Movement Center reserves the right to close early due to inclement weather, or due to any unforeseen emergency which may arise. In case of early closing, parents will be called as soon as possible under given circumstances and will be required to pick-up their children accordingly.
- In the event that The Children's Movement Center is closed for a single day during any week, due to federal holiday, extreme weather or natural catastrophe, full tuition is still due for that week. If an extended closing of more than a single day occurs, tuition will be prorated for that week on a case by case basis.
- It is NOT the responsibility of The Children's Movement Center to provide for alternative care on days when closed.

## Illnesses

- Parents must notify The Children's Movement Center of sickness, illness or injury impacting their child's health.
- A child will not be allowed to attend The Children's Movement Center if the child has a fever, diarrhea, or other contagious symptoms.

- Medication can only be given to a child if it is in the original container, labeled with the child's name, and The Children's Movement Center has a signed physician's authorization on file. The authorization must be written on the state approved authorization form (available through our preschool teachers).
- A child with a fever of 101 degrees or higher, vomiting or diarrhea will have to be picked up by a parent/guardian or contact person at the earliest available time upon notification.

### **Clothing and Supplies**

- Children's belongings **must have their name written in or on it**. The Children's Movement Center will not be responsible for lost items.
- Children must be dressed appropriately, according to the weather.
- Children are required to have a complete change of clothing available in their class.
- Children must have SOCKS & SNEAKERS on-site EVERY DAY. Flip-flops, sandals & snow boots are not acceptable.
- The Children's Movement Center does not provide lunches and/or snacks – Children must be brought to the CMC with a healthy lunch and two snacks. The "lunchbox" MUST contain an ice pack, per state law. NOTE: The CMC is a peanut/nut free facility. Parents should not send any food that contains peanuts or nuts OR that was produced in a facility that may process peanuts or nut containing products.  
NOTE: Any clothing that is unmarked and/or unclaimed at week's end will be added to The CMC's lost and found. Lost & Found items are periodically distributed to local donation centers.

### **Discipline Procedures**

The Children's Movement Center PROHIBITS the use of abusive, neglectful or humiliating punishment of any kind when dealing with disciplinary issues. Additionally, no corporal punishment is ever accepted. Approved ways of dealing with behavioral or disciplinary issues include; positive redirection, positive reinforcement, modeling appropriate behaviors, and establishing clear limits.

If a child has a disciplinary problem, jeopardizes the safety of other children and/or CMC staff, that child may be removed from the classroom with an appointed staff member. Parents will be notified so that an appropriate course of action to rectify the problem may be devised.

The State of Connecticut is very careful/vigilant with regard to disciplinary procedures. It is essential that behavior management issues and discipline procedures are reviewed with each parent. Please initial here to verify that you discussed these procedures with a CMC teacher.

\_\_\_\_\_ **My initials serve to verify I have discussed the disciplinary procedures with a CMC teacher.**

**NOTE:** The Children's Movement Center is required to provide written notification to parents/guardian, of any accidents, incidents or significant irregular behaviors occurring during the day. Copies of all reports are to be signed by parents and kept in the child's history folder.

### Daily Procedural Matters

- Parents will call before scheduled time of arrival/pick-up if they are late or not coming that day. (NOTE: Notification of late arrival/pick-up does NOT eliminate late fees).  
**\_\_\_\_\_ My initials verify recognition that notification of lateness does not waive late fees.**
- Only designated persons will be allowed to pick up their child/children. Parents must give notice if alternative pick-up persons are to be utilized.
- Parents dropping off their child for preschool or before school programs must check-in on the Maggey computer system at the front desk, as well as with their child's teacher.
- Access to the preschool classrooms is restricted and parents must NOT share access codes/procedures with anyone without prior approval of The Children's Movement Center's Preschool Management.
- Parents must sign-out their children in two places at the end of each day. They must notify the supervising teacher and they must check-out on the Maggey attendance software.

By signing below, you acknowledge that you have read the above listed policies and procedures thoroughly, that you have discussed any concerns you may have, and that they have been adequately addressed. Your signature indicates that you agree to abide by these policies and procedures and that your failure to do so may result in the termination of this contract, forfeiture of your deposit, or both. The Children's Movement Center retains the right to amend these policies and/or procedures if two weeks written notice is provided to the Signees listed below.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

# Child Information Form

Child's name: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Chronic illnesses: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Pre-existing conditions that could impact activities in the classroom, activity center or playground.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's nickname: \_\_\_\_\_

Medications given regularly: \_\_\_\_\_

Siblings: \_\_\_\_\_

Favorite toys, activities: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Briefly describe your child's behavior: \_\_\_\_\_

What makes your child mad or upset? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

Any special needs required for your child? \_\_\_\_\_

Special family situations? (Such as custody specifications) \_\_\_\_\_

\_\_\_\_\_

Note: Any custody agreements should be copied and submitted.

# Emergency Transportation Authorization

## Part I. Permission to Secure Transport

This form only authorizes The Children's Movement Center to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment. You are required to fill out an "Authorization for Emergency Care" form to guarantee treatment.

Name of Child:		Name Mother/Guardian:		Name Father/Guardian:	
Street Address:					
City:		State:		Zip:	
City:		State:		Zip:	
Father/Guardian's Employer:			Department:		
City:		State:		Zip:	
Mother/Guardian's Employer:			Department:		
City:		State:		Zip:	
City:		State:		Zip:	
City:		State:		Zip:	

Permission to transport my child \_\_\_\_\_ (Name of provider)

\_\_\_\_\_ to \_\_\_\_\_  
(Name of child)

or to the nearest available source of assistance. This also allows The Children's Movement Center to Transport child/children in case of an emergency at The CMC.

Father/Guardian's Signature:		Date of Signature:	
Mother/Guardian's Signature:		Date of Signature:	
The Children Movement Center		Date of Signature:	

# Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

**The Children's Movement Center** to obtain whatever treatment may be deemed necessary for:  
**17 Pickett District Road**  
**New Milford CT, 06776**  
**Phone: 860-799-6602**

_____	_____
Name of Child #1	(D.O.B)
_____	_____
Name of Child #2	(D.O.B)
_____	_____
Name of Child #3	(D.O.B)

## Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, The Children's Movement Center will take all reasonable steps to see that the children in their care receive adequate medical care.

If the parent(s) cannot be reached, The Children's Movement Center will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, The Children's Movement Center will call the child's doctor, identified on page 12 below. If the child must be taken to a hospital, The Children's Movement Center will take the child to the New Milford or Danbury Hospital. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

I agree to promptly notify The Children's Movement Center of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False information may result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date:
Mother/Guardian's Signature:	Date:
The Children's Movement Center	Date:

# Emergency Contact Information

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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Mother's Name /Guardian: \_\_\_\_\_  
Home# \_\_\_\_\_  
Work# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_

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Father's Name /Guardian: \_\_\_\_\_  
Home# \_\_\_\_\_  
Work# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_

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Child's Doctor: \_\_\_\_\_  
Home# \_\_\_\_\_  
Work# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_

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Child's Dentist: \_\_\_\_\_  
Home# \_\_\_\_\_  
Work# \_\_\_\_\_  
Cell# \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of services

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

# Child Pick-Up Form

A. The following people HAVE permission to pick-up the child/children named below from The Children's Movement Center:

Child's Name	DOB	Age	Sex
Child's Name	DOB	Age	Sex

Child's Name	DOB	Age	Sex
Child's Name	DOB	Age	Sex

1. Name: \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

**NOTE:** Any person authorized to pick up child/children will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 CMC Staff Signature



## Sick Child Policies

While The CMC recognizes that keeping a child home may present an inconvenience to any parent that otherwise utilizes our childcare services, parents should NOT send their child to The CMC if they present with any of the below listed symptoms:

- Signs of a newly developing cold or severe coughing/sneezing
- Vomiting
- Fever of 101° under the arm
- Diarrhea (3 bouts in 1 hour)
- Conjunctivitis ("pink eye")
- Consistent complaints of ear or stomach pain
- A communicable disease (measles, mumps, chicken pox, etc.)
- Excessive colored discharge from eyes, ears or nose, indicating possible infection
- Head lice
- Unexplainable rash

In general, if your child is too sick to go outside and play, then your child is too sick to attend school. If your child becomes ill during school, you will be phoned at work and asked to pick your child up immediately.

Please dispense all medications at home whenever possible. For times when this is not possible, an **Administration of Medication Form** must be filled out in order for The Children's Movement Center to dispense any medications. **All** prescription *and* over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist's label with the doctor's name. You will also need the state appointed authorization form for the administration of medication provided by The Children's Movement Center. (Any medications prescription or over the counter need a doctors authorization)

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies. Failure to abide by these policies could be grounds for termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

## Activity Authorization Form

I hereby grant permission for my child/children named below to use all of the play equipment and participate in all of the activities at The Children's Movement Center.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

I will not hold The Children's Movement Center, its employees or representatives responsible for any injury that may occur while my child is using equipment in any part of The Children's Movement Center's activity center, preschool rooms, before and after school rooms or exercise rooms. I further acknowledge that I have signed and returned A Children's Movement Activity center waiver and agree to the terms listed therein.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date

## Permission to Apply Sunscreen

I, \_\_\_\_\_ (parent/guardian) due hereby grant permission for my provider, The Children's Movement Center to apply sunscreen to the following children:

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Beginning on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending on: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's movement Center	Date

## **Permissions for Travel, Transport & Use of CMC Facilities**

By initialing next to each of the below listed items, I hereby give permission for my child:

\_\_\_\_\_ to use, travel to, or be transported as specified in each item below.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_ I hereby give permission for the staff at the Children’s Movement Center to walk with my child across Pickett District Road to the playground. At the discretion of the CMC staff, I also give permission for my child to use all equipment at the playground.

\_\_\_\_\_ I hereby give permission for the Children’s Movement Center staff to transport my child in the event of an emergency at The Children’s Movement Center.

\_\_\_\_\_ I hereby give permission for my child to attend all The Children’s Movement Center field trips that involve transportation. Parents will be notified in a timely manner of any off site field trips.

\_\_\_\_\_ I hereby give permission for my child to attend all on site field trips to The Children’s Movement Center activity floor. I understand this is at the discretion of the CMC staff.

\_\_\_\_\_ I hereby give permission for the Children’s Movement Center to transport my child via ambulance or staff vehicle to obtain medical care for my child.

## **Homework Club Enrollment**

At The Children’s Movement Center, we believe that active play should be an essential part of every child’s day. During our afterschool program, however, we like to help both the children and the parents by beginning their homework before kids get out and play. During Homework Club, the staff spends 30-45 minutes assisting the children with their studies shortly after they get off the bus. If your child is NOT enrolled, they will be allowed to participate in arts & crafts or other game activities within the after school program room until everyone is done and ready to play on the activity floor.

Please indicate below whether or not you would like your child to be enrolled in the Homework Club.

I **would** like my child: \_\_\_\_\_ to participate in the CMC homework club.

I **would NOT** like my child: \_\_\_\_\_ to participate in the CMC homework club.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Signature

STATE OF CONNECTICUT



DEPARTMENT OF PUBLIC HEALTH
Community Based Regulations Section

EMERGENCY MEDICAL CARE
Family Day Care Licensing

Attention Provider: This information must be kept current at all times. Carry a copy of this form and the Child Health Record during any off-premises child care activity. Please verify with the emergency medical care facility to assure that tis form is acceptable.

Child's name: Birthdate:
Parent's name: Emergency Tel:
Parent's name: Emergency Tel:
Address: Town: Zip Code:
Allergies: Last Tetanus:
Medical Facility: Phone #:
Insurance Carrier and
Insurance ID:

Physician to be called in an emergency:
Name Phone #:
Address: Town: Zip code:

I give my consent for the day care provider named, to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available, another physician may be contacted on an emergency basis. I also give my consent for the child care provider to seek medical attention in an emergency at. I will be responsible for all medical charges. (hospital or walk-in clinic)

X
Signature

Printed Name

Date

Phone: (860) 509-8045, Fax: (860) 509-7541
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS #12CBR
P. O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer



## Discipline Policy

The Children's Movement Center Discipline Policy: The goal of discipline is to maintain a happy, healthy relationship between all children and staff members. This is encouraged by:

- Positive reinforcement/Redirection
- Setting clear limits
- Behavior log

Abusive, neglectful corporal humiliating or frightening punishment is prohibited. Techniques will be based on developmentally appropriate practice.

When a problem arises among children or a child that is not responding to set limits, a teacher will respond in a positive manner talking each child through how they are feeling. Encouraging the children involved to speak to each other. Teachers will facilitate children in problem solving. Children will be supervised by teacher to aid in conflict resolution. Redirection of child/children will be the goal of the teacher.

For a child who is aggressive or destructive:

Safety of all children will be first priority. When all children are safe the teacher will in a positive manner, try to help child gain and maintain self-control. When the child has regained control the child will be redirected to a different interest area. If this is ongoing with a child, a behavior log and a conference with parents, director, and teachers will take place to figure out the best steps to take, to help the child through this difficult time.

A staff member will never under any circumstance be abusive, neglectful or use physical, corporal punishment. No child will be physically restrained unless the safety of the child, other children or staff is in jeopardy.

If, despite the use of all procedures detailed above, behavioral issues persist and a child continues to exhibit behavior that is inappropriate and/or potentially harmful to fellow students and/or teachers, parents may be contacted and required to pick-up their child and remove him/her from the CMC for the remainder of any given day.

\* My signature below, verifies that this discipline policy was discussed with CMC staff and all questions were answered\*

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Parent/ Guardian Signature

Date

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CMC Staff Signature

Date

## Policy Checklist

It is my desire to have my child/children enrolled at the Children's Movement Center. I have read, understand, and agree to abide by the policies contained on this form. I further understand that if the policies outlined are not adhered to, it would be sufficient cause for the removal of my child/children from the Children's Movement Center. I do further agree to give a minimum of 2 weeks (10 working days) notice of my intent to withdraw my child/children from the Children's Movement Center. My initials in each space below indicate my agreement to each of the specified policies.

- \_\_\_\_ \_\_\_\_ I understand that we must provide a completed medical form to The Children's Movement Center before services may begin.
- \_\_\_\_ \_\_\_\_ I understand the medical requirements, and that The Children's Movement center must have a copy of my child's immunization records on approved forms before attending The Children's Movement Center.
- \_\_\_\_ \_\_\_\_ I understand that payments are due on Friday for the upcoming week. A fifteen dollar late charge will be automatically billed to my account if not paid by the close of business on Friday evening.
- \_\_\_\_ \_\_\_\_ I understand that changes in contracted hours require two week's written notice.
- \_\_\_\_ \_\_\_\_ I understand the late pick-up policy.
- \_\_\_\_ \_\_\_\_ I understand the illness policy
- \_\_\_\_ \_\_\_\_ I am contracting for services during the 2016-2017 school year. I understand that this contract does not include subsequent summer/camp services.
- \_\_\_\_ \_\_\_\_ I understand the pick-up policy for anyone other than parents.
- \_\_\_\_ \_\_\_\_ I understand the vacation policy.
- \_\_\_\_ \_\_\_\_ I understand that I will be responsible for finding back-up care in the event that the children's movement Center is unable to care for my child.
- \_\_\_\_ \_\_\_\_ I understand the policy for registration and a security deposit.
- \_\_\_\_ \_\_\_\_ I understand and have discussed the CMC discipline policy with a staff member, and have received a copy for personal records.
- \_\_\_\_ \_\_\_\_ I understand the returned check policy.
- \_\_\_\_ \_\_\_\_ I understand the termination policy.

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
CMC Staff Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date



# Parent-Provider Contract revised July 2016

This agreement contains the financial, procedural & policy terms agreed upon

Between: \_\_\_\_\_, and **The Children's Movement Center**  
**17 Pickett District Road**  
**New Milford CT, 06776**  
**Phone: 860-799-6602**

For the care of: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age\_\_  
 \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age\_\_  
 \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age\_\_

My child/children will attend The Children's Movement Center (hereafter referred to as CMC) for the following program/programs (check those that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Preschool (mornings only)              | <input type="checkbox"/> Before & After School |
| <input type="checkbox"/> Preschool (extended hours- a.m.& p.m.) | <input type="checkbox"/> Before School Only    |
|   | <input type="checkbox"/> After School Only     |

Attendance will be for the school year 2016-2017. A start date shall be: \_\_\_\_\_

Contracted hours for our child/children are:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

(list alternate child schedule below – identify)

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

## Tuition Rates and Payment Policies

This contract shall be in effect for the duration of the 2016-2017 school year, inclusive of all weeks beginning with the first day of school (August 31<sup>st</sup>, 2016) or any subsequent date as identified on the previous page and ending on the last day of school (which may change due to changes in school calendar). It may be terminated prior to the last day of school if two weeks written notice is provided to the CMC. Cancellation of the contract prior to school year's end, without 2 weeks written notice may result in the loss of deposit.

EACH CHILD attending a school related program at The Children's Movement Center will be assessed a \$25 registration fee due at the time of enrollment.

EACH CHILD attending a school related program will also be required to pay a deposit equal in amount to one week's tuition. That deposit will be held throughout the term of the contract and is refundable or may be applied to the last week's tuition as long as the child's account remains in good standing and all other contractual terms are observed.

The weekly tuition is: \_\_\_\_\_.

(For families receiving assistance, the weekly family contribution is: \_\_\_\_\_).

The above listed weekly tuition is due each week on the Friday preceding the next week's attendance. If payment is not received by the end of business on the preceding Friday, an automatic \$15 late fee will be assessed. Payment may be made in cash, by check or credit card. (To assure NO late fee assessments, parents may elect to provide The CMC with a valid credit card and agree to allow weekly billing by CMC management. Credit card failure will incur the \$15 late fee).

NOTE: For those families receiving 3<sup>rd</sup> party assistance for tuition, from any source, the family share agreed upon and listed above is due according to the same schedule and is subject to the same penalties for late payment. Important: If the 3<sup>rd</sup> party reimbursement changes for any reason, the family contribution may also be changed accordingly.

For children enrolled less than 5 days per week: Childcare is scheduled for only those days agreed upon in this contract. If you need to change the days of coverage on a permanent basis during the school year, the CMC will do its best to accommodate your needs, but will only do so on a space available basis. If you need to change days of coverage on a one-time or periodic basis, you will be charged your regular tuition **plus** the incremental rate difference for that additional day depending upon the program involved.

For all children attending CMC school related programs during the 2016-2017 school year; you will be allowed 1 week of "vacation" for which you are not required to pay tuition. **Two weeks written notice is required to avoid being billed for a vacation week.** Full weekly tuition at the above agreed upon rate is otherwise due throughout the school year in accordance with the above listed schedule. Payment for scheduled days of attendance missed for other reasons, including but not limited to; illness, appointments, additional family vacation and/or other holidays is not excused and is still required on the regular payment dates.

**ADDITIONAL FEES:** Children enrolled 5 days/wk in the CMC's All Day Preschool and children enrolled 5 days/wk in the CMC's Before & After School Program are not subject to additional fees or charges for extra childcare due to schedule changes associated with early dismissal, delayed openings, snow, vacation or school cancellation days. **Those enrolled in morning-only preschool as well as**



**before or after school only care plans are subject to additional fees when schedules change due to poor weather or other unpredictable events.** The additional fees are pre-determined as follows:

Early Dismissal: (1:00 p.m.)	\$10.00/day
Accelerated Early Dismissal: (12:00 p.m.)	\$15.00/day
Delayed Opening (Drop-off until bus pick-up)	\$10.00/day
Snow Day/School Cancelled	\$35.00/day
Hourly Rate (for additional hours w/ previously enrolled children:	\$ 7.50/hr

**IMPORTANT NOTES:**

1. In the event that The Children's Movement Center is closed for a single day during any week, due to federal holiday, extreme weather or natural catastrophe, full tuition is still due for that week. If an extended closing of more than a single day occurs, tuition will be prorated for that week on a case by case basis.
2. The Children's Movement Center will be closed on the following national holidays during the school year 2016-2017: Labor Day, Thanksgiving, Christmas Day, New Year's Day & Memorial Day. **Full tuition is still required during those weeks that include national holidays.**
3. The Children's Movement Center does not provide food for children in our care. Parents are required to provide a healthy/appropriate lunch with an ice pack. In the event your child does not have a lunch, the CMC will notify the parent. If a lunch is not then provided, one will be purchased for your child at a cost of \$10. Reminder: **The CMC is a peanut/nut free facility and all lunches & snacks must comply with this policy.**
4. The Children's Movement Center schedules a morning and an afternoon snack each day. Parents are required to provide those snacks. In the event your child does not have a snack, they will be allowed to purchase one from our snack bar and that charge will be added to your account on a monthly basis. Purchases will be limited to a single item each day.  
(Parents must indicate below if they DO NOT want their child to be allowed to purchase snacks).  
\_\_\_\_\_ Initial this line if you DO NOT give your child permission to purchase a snack.
5. If a child's account becomes delinquent, **all childcare services will cease if the balance reaches a value equal to 2 weeks tuition.** Services may only be restarted when the total outstanding balance with penalties is paid in full.
6. Returned check fee: Any parent paying by check will be charged a fee of \$40.00 for every check that is returned by the bank for any reason. This includes but is not limited to checks that may be returned for having been post-dated and/or underfunded. The CMC is NOT responsible for identifying postdated checks at the time they are issued.
7. The Children's Movement Center reserves the right to cancel this contract and/or terminate all childcare services at their sole discretion and for any reason.

**The signee agrees to:**

- Pay for all services agreed to herein, as well as for any additional charges accrued on his/her account according to the schedule described above. (Any discrepancies must be brought to the attention of The Children's Movement Center prior to the next billing cycle).
- Abide by all rules, regulations and guidelines as well as respect all policies, procedures and terms detailed for parents at the commencement of services.
- Give a two-week written notice to The Children's Movement Center if any information in this contract requires change or alteration in any way.
- Provide two weeks written notice of the intention to terminate this contract with The Children's Movement Center.
- Pay all fees accrued to the date at which services are terminated after giving written notice of the intent to cancel the contract.

- Forfeit his/her security deposit if failing to provide 2 weeks written notice to The Children's Movement Center prior to cancelling a contract.

By signing below, the signee accepts that this is a legally binding contract and agrees to the terms listed on the preceding pages. Providing false information may be grounds for termination of childcare services, forfeiture of deposit, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
The Children's Movement Center	Date