

**Barton County Community College
Child Development Center**

Authorization and Agreement

1. My child/children have my permission to use all the play equipment and participate in all activities provided.

Yes No If no specify _____

2. My child/children have my permission to accompany their group on all supervised campus field trips and campus walks.

Yes No If no specify _____

3. My child/children may be transported by provider, staff, or volunteers.

Yes No If no specify _____

4. Any pictures taken of my child/children may be used in newspapers, displays, bulletin boards, or other types of educational publications.

Yes No If no specify _____

5. In case of emergency and neither parent nor guardian can be contacted, provider has my permission to secure needed emergency medical care.

Yes No If no specify _____

6. I agree to hold the college harmless for any and all damages, injuries, or claims of any nature whatsoever, for myself or my child/children's enrollment in the Child Development Center further, I agree to indemnify Barton County Community College for any expenses, cost, fees, or other claims for which it may be liable as a result of this agreement.

(Parent's Signature)

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Rules and Procedures

In order to assure that parents clearly understand the procedures and policies of the BCCC Child Development Center; we ask parents to read and initial each of the following items.

1. When enrolling my child/children I understand that I am enrolling only for the time schedule I tell the Center staff. I understand that I am not able to bring my child/children to the center at my liberty but, rather for the times I have scheduled.
Yes, I Understand _____

2. I understand that I am responsible for paying fees on time, A late fee of \$10 will be added to bills not paid by the due date unless arrangements have been made with the Director to insure that the bills will be paid within a time frame DETERMINED by the Director.
Yes, I Understand _____

3. I will provide a completed, current (less that 1 year old) medical health assessment form and enrollment form for each child I enroll (to be held in the BCCC Child Development files.)
Yes, I Understand _____

4. I understand that I receive one free sick day per child each billing period. Any days lost due to illness during the same billing period will be charged at regular rate of pay.
Yes, I Understand _____

5. A. I must walk into the building and into the center with my child/children each day and make certain the teacher knows he/she is here.
B. I, or a responsible designated adult, will walk into the building and into the center to pick up my child/children and inform a teacher that they are leaving.
Yes, I Understand _____

6. I agree not to bring my child/children to the center when he/she exhibits the following symptoms: fever, diarrhea, vomiting, or other symptoms of the communicable disease in the previous 24-hour period. Children too sick to participate in the full program, including outdoor play, need to be kept at home. I also agree to notify the center staff as soon as possible if my child/children have been diagnosed with a communicable disease or any affliction that is transmittable. I also understand that if my child becomes ill at school I am responsible for picking them up immediately and taking them home.
Yes, I Understand _____

7. I will make certain that there is 2 complete change of clothing for my child/ children at the Center at all times, with the child's name on each item.
Yes, I Understand _____

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8. I will inform the center staff as soon as possible of changes in my class schedule, address, phone number, employer, emergency information, SRS status, and/or family relationships which affect who has legal custody of the child/children or affect attendance, activities, or behavior of the child/children.

Yes, I Understand _____

9. Overtime fees:

A. I understand that I have 15 minutes from my scheduled time to pick up my child/children. Repeated failures to pick up my child within 15 minutes after my scheduled time may result in an overtime charge of \$2, to be added to my next monthly bill.

B. Overtime fees will be added to my next monthly bill. When an overtime charge will be made to my bill, I will be given a copy of the dated overtime charge sheet, which issued to keep note of the amount of each overtime charge.

Yes, I Understand _____

10. I will notify the Director TWO WEEKS IN ADVANCE before my child is to be withdrawn permanently from the Center. I understand that I will be charged for those two weeks.

Yes, I Understand _____

11. If, after a reasonable period of time, it is found that a child is unable to adjust to the center, the Center reserves the right to request withdrawal of the child/children. This decision is left to the discretion of the Director.

Yes, I Understand _____

12. I understand that when attending any field trip, I must provide the center staff with a completed verification form 24 hours prior to the field trip.

Yes, I Understand _____

13. I understand that once I enter the center and remove my child from their classroom I am responsible for them.

Yes, I Understand _____

14. I understand that I am to notify the Center staff by 9:00 a.m. if my child will be absent.

Yes, I Understand _____

15. I understand that the staff will not and can not release my child to me if they suspect alcohol or drug use.

Yes, I Understand _____

16. I agree to abide these rules and regulations. I understand failure to do so can result in termination of care for my child/children.

Yes, I Understand _____

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**I have carefully read and understand the information on this form.
Please sign below:**

Parent/Guardian: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____