

2020-2021 POLICY STATEMENT

PARENT HANDBOOK

I have been provided with a current PTYCP parent handbook and have read through the document in its entirety prior to completing the enrollment forms; prior to my child's start date.

ENROLLMENT

I understand I am required to provide a completed enrollment packet, medical form, and emergency form for my child to attend the program. Emergency and medical forms are updated as needed.

TUITION AGREEMENT

I agree to furnish tuition in full on the 1st of each month, payable by check, including late fee payments/insufficient funds bank fees. I understand that any absences/closings are non-refundable/no make-up days; deposit non-refundable if disenrolling services prior to August; any remaining balance is due if my child's spot is not filled. **Monthly tuition is: 2 Days \$375.00 3 Days \$475.00 5 Days \$750.00**

LATE PICK-UP FEE

A late fee of \$2.00 per minute will be invoiced to me if my child is picked up past 12:00pm.

PARENT COLLABORATION

I agree to participate in ongoing communication with staff to advocate for my child's developmental growth and learning; via in-person, over phone, and through email correspondence.

CURRICULUM

I understand that the curriculum is a framework adapted by NYS Early Learning Guidelines. Weekly lesson plans and activities are developed and arranged to promote both developmental and academic learning through structured play, with emphasis on social-emotional development.

HEALTH

I understand the program cares for well-children only. I agree to keep my child home when he or she is sick, to contact staff regarding illness, and to follow the health care policy & guidelines.

DISCIPLINE

The program uses positive techniques and strategies to encourage my child's self-esteem, problem-solving skills, and self-control.

NUTRITION

I will provide a daily lunch for my child; notify Staff if my child develops food allergies or any changes to his or her diet. PTYCP provides a light, morning snack. Breakfast is served at home.

TRANSPORTATION

I am responsible for providing my child's transportation to and from the program, including field trips.

SPECIAL NEEDS

My child's pediatrician and/or specialist has indicated any special needs or developmental delays, as outlined on my child's medical form and special health care form. IEP information and a copy of any forms is required to be shared with PTYCP staff prior to enrollment start date.

MEDIA

I give permission for PTYCP to use, publish, disclose, or re-disclose any photographs and/or PTYCP recordings of my child for brochures, marketing materials, including social media, associated with PTYCP.

Initial here if you DO NOT want your child to be included in media: _____

PRIVACY

I agree to respect the privacy of other children and families enrolled in the program.

I HAVE READ, UNDERSTAND & AGREE TO THE POLICIES, PRACTICES, PROCEDURES, AND PARENT RESPONSIBILITIES AS OUTLINED IN THE ACCOMPANIED PARENT HANDBOOK AND ENROLLEMENT PACKET WITH PLEASE AND THANK YOU CHILDREN'S PLACE, LLC:

Child's Name: _____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____