



Parent Handbook Acknowledgement 2020-2021

Please sign, date, and return this form to your child's teacher.

Student Name _____ Classroom _____

I have been provided a copy of the Parent Handbook of Operational Policies for 2020-2021, which includes how to report child abuse, neglect, and exploitation, the Discipline & Guidance Policy, how to contact the state licensing representative, emergency preparedness plan, and how to contact the office.

Parent/Guardian
Printed Name _____

Parent/Guardian
Signature _____

Date _____

.....
I understand that the parents/guardians are responsible for the nutritional value of the snacks and lunches provided from home. I also understand that Day School may occasionally provide special class snacks for the children, but these snacks may not always meet the child's daily nutritional needs.

Parent/Guardian
Printed Name _____

Parent/Guardian
Signature _____

Date _____

.....
I understand that tuition is due on the 1st of the month and late by the 5th of the month. There will be \$25 late fee assessed on the 6th of each month and an additional late penalty of \$1 per day after that.

I understand that should my payment be declined for any reason I also owe a \$25 returned payment fee.

*I understand my child is to be picked FROM THE CLASSROOM BY *2:00. A \$25 fee will be assessed at 2:01 and \$1/per minute after that.*

I understand tuition is non-refundable in a month that school was in attendance for at least 4 days.

I understand the registration fee is non-refundable.

I understand Advanced May tuition is non-refundable after the specified date.

Parent/Guardian
Printed Name _____

Parent/Guardian
Signature _____

Date _____



Parent Acknowledgment of Day School COVID-19 Response Protocol for 2020-2021

Please sign, date, and return this form to your child's teacher.

Student's Name: _____ Classroom: _____

Please initial each of the following:

____ I have read and understand all Day School guidelines and procedures for COVID-19 outlined in this document. A copy of all these guidelines/references can be found in the Day School office or online on the Reference page in this document.

____ I understand my child will be screened daily and could be denied entry into Day School if he/she has or exhibits any of the COVID-19 symptoms for adults or children as outlined in this document.

____ I understand I must pick up my child immediately, should he/she become sick at school.

____ I understand I must obtain a "Return to School" doctor's note if my child is denied entry to Day School or sent home from school due to any of the symptoms listed in this document.

____ I understand I must notify Day School if my child has been exposed to someone with a confirmed case or my child has a confirmed case of COVID-19.

____ I understand tuition will NOT be refunded in a month that school is in attendance for at least 4 days should Day School close for any reason.

Parent/Guardian
Printed Name _____

Parent/Guardian
Signature _____

Date _____