**Parent’s Acknowledgement of Understanding**

**Child(ren) Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I understand that all forms must be completed and on file at the site before my child can attend. I also understand the registration and first week of care must be paid before my child can attend the program.
* I understand that I or another pre-authorized person must sign out my child(ren) daily.
* I understand that my child will not be able to leave the program with an unauthorized person. You must inform us of any changes to your authorized adult pick-up list.
* I understand that tuition is due each Friday for the upcoming week of services of the program as long as the child(ren) is (are) enrolled in the program.
* I understand **failure to pay each Friday will result in a suspension until the balance is paid. Failure to pay the balance after two weeks will result in suspension from the program and you will have to re-enroll your student.**
* I understand that program fees are due regardless of attendance, including absences to the regular school day.
* I understand and agree with the late pick-up fee policy of $1 per minute due at pick-up.
* I understand I must notify the staff if any information on the enrollment form changes.
* I understand that Federal and State laws require Advantage After-School employees to report suspected cases of child abuse or neglect.
* I understand that I must notify the program if my child will be absent.
* I understand that the program staff will notify me whenever my child becomes ill. I agree to pick-up my child or have my child picked up by an authorized individual.
* I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom-free for 24 hours before returning to school after an illness. I also understand that any prescription medication must be administered to my child at home for 24 hours before he or she can return to school.

I understand my contracted amount due is $\_\_\_\_\_\_ weekly or $\_\_\_\_\_\_\_ per day.

I have read, understand and agree to abide by the terms in the Family Handbook and the policies & procedures required for enrollment in the Advantage After-School program.

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

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