

REGISTRATION AGREEMENT

Child's Name: _____

- 1) I understand the registration fee of \$50.00 for each child is non-refundable.
- 2) I understand that I am responsible for weekly payment of the contracted fee. I will give ONE WEEK NOTICE of withdrawal from the program to be included with the final payment.
- 3) If my child is having problems adjusting to the program, a conference will be arranged between the staff and myself.
- 4) In the event of illness, personal vacation (beyond 2 weeks), or any other absences, Columbia St. Mary's Children's School staff will be notified and I am responsible for the tuition payment. CREDIT IS NOT GIVEN FOR ANY REASON. Communication with Columbia St. Mary's Children's School staff can be made through each center's office.
- 5) I give my permission for my child to participate in field trips (2 yrs. & up) and on walks.
- 6) If a MEDICAL EMERGENCY arises, the staff will first attempt to contact me. If I cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate attention is necessary the staff has my permission to take my child to the hospital for treatment.
- 7) I agree to sign my child in and out on the daily attendance log on all days of attendance.
- 8) I agree to call the office if for any reason my child will not be attending on a regularly scheduled day.
- 9) I am aware that the children are taken out on a daily basis weather permitting. I also realize that I will be expected to keep my child at home if s/he is too ill to go outside.
- 10) I understand that Columbia St. Mary's Children's School does not provide medical benefit coverage for injuries occurring at the Center.
- 11) I agree to adhere to the Columbia St. Mary's Children's School policies and give my child permission to participate fully in this program.

Signature, Parent or Guardian

Date