

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person/s with whom the child lives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals to contact in case of an emergency, whom are also allowed to pick-up your child:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle the following answers:**

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Does your child have any special needs or health concerns? Yes No

Please explain any "yes" answer here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT AGREEMENT

 This agreement is entered into by and between Epic Learning Center and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parents/guardians) for the provision of childcare for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child). I have downloaded and read the Epic Learning Center Parent Handbook. By signing and returning the parental agreement to Epic Learning Center, I declare that I am in complete agreement and will follow all said policies. I fully understand that the Epic Learning Center Parent Handbook is not a contract, but a guide for parents and students and may be revised from time to time.

By executing this Parental Agreement, I agree to pay tuition and fees based upon the terms and conditions specified herein:

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Tuition Rates** | **Registration Fee & Curriculum Fee** |
| Infants/Toddlers(6 weeks-23 months) | $125/week | Registration Fee-$100.00Curriculum Fee-$84.00 (applied August 1st) |
| Two’s | $120/week | Registration Fee-$100.00Curriculum Fee-$84.00 (applied August 1st) |
| Preschool(3 years & up) | $115/week | Registration Fee-$100.00Curriculum Fee-$84.00 (applied August 1st) |
|  School-Age(Kindergarten & up) | $70/week during school$105/week school breaks | Registration Fee-$100.00 |

**Registration fees and prorated curriculum fees due at time of enrollment.**

**There will be a sibling discount of 10% of the oldest child’s tuition.**

**REGISTRATION**

* Completed Registration Form
* Authorization for Emergency Medical Treatment
* Photo Release (Pictures displayed in facility, web page, business social media, etc.)
* Child Care Contract
* Child Care Enrollment Form

*The information on these forms must be kept current. If there are any changes made, the parents hereby agree that they shall notify Epic Learning Center immediately.*

 A non-refundable one hundred dollars ($100.00) registration fee will be collected to reserve your child’s spot. All registration forms must be completed and on file prior to your child’s starting date. These include childcare contract, copy of vaccinations, photo release and child registration form.

**HOURS OF OPERATION**

Care for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child) will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Normal business hours are from 6:30 AM to 6:00 PM. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s care will typically begin at \_\_\_\_\_\_\_ AM and end at \_\_\_\_\_\_\_ PM.

**TERMINATION OF CHILDCARE**

I agree to give Epic Learning Center a two-week notice if I decide to terminate childcare or pay two weeks tuition. A *Student Withdraw Form* will need to be completed at this time.

**PAYMENT**

Payments are due no later than 6:00 PM on Tuesday for the current week of childcare services. If payment has not been received by Tuesday at 6:00 PM, a $10.00 late fee will be charged on Wednesday of that week if the payment is not received. Payment must be brought in order for your child to attend on the following Monday.

**FORMS OF PAYMENT**

We accept cash, check or money order. There is a payment box set up for you to be able to drop that in. Receipts are available up on request.

**INCLEMENT WEATHER**

In the event of severe weather and unforeseen emergencies, we reserve the right to close the center. There will be no reduction in your tuition due to holidays, vacation, or illness, unless it qualifies under the vacation time listed below.

**LATE PICK-UP FEES**

Epic Learning Center sites are open from 6:30 AM until 6:00 PM. Parents/guardians of any child not picked up by 6:00 PM will be charged $5.00 for the first 15 minutes and $1 per minute per child thereafter.

 **2019 HOLIDAY CLOSINGS**

The center will observe the following closings:

MLK Day Monday, January 21st, 2019

Good Friday Friday, April 19th, 2019

Memorial Day Monday, May 27th, 2019

Independence Day Thursday, July 4th, 2019

Labor Day Monday, September 2nd, 2019

Thanksgiving Thursday, November 28th, 2019 &

Friday, November 29th, 2019

Christmas Tuesday, December 24th, 2019 &

Wednesday, December 25th, 2019

New Year's Tuesday, December 31st, 2019 &

Wednesday, January 1st, 2020

**STUDENT VACATION**

After six months of attendance at Epic Learning Center, your child will receive 5 days of vacation. Vacation must be used during the calendar year and will not carry over to the next year. All vacation hours not used by the end of the year will be forfeited. Vacation is to be used when your child is not in attendance at the center and must be approved through the center director. Please contact the center director for a vacation request form. All other absences will not result in the reduction of weekly tuition.

**ACADEMIC CALENDAR**

A yearly academic calendar is available on our website as well as posted in the center to inform you of events at the center, closing dates due to holidays. The purpose of this calendar is to provide families with ample time to plan ahead to participate in these center activities. We love having you as a part of our special events.

**SIGN-IN/SIGN-OUT PROCEDURES**

It is state law that each child MUST be signed in and out using our computerized check-in system at Epic Learning Center located in the front lobby. Children may only be signed out and/or picked up each day by a parent/guardian or an adult (18 yrs. or older) authorized by a parent/guardian in writing and on file with Epic Learning Center site. A photo ID will be required to take the child. This procedure is for the safety of each child and MUST be adhered to at all times. If, for any reason, the computer system is not functioning, a sign in sheet will be provided next to the computer for parents to manually sign their children in and out.

**HEALTH POLICY**

Our number one priority is to keep the children in our care safe and healthy. Please do not bring your child to school ill. If your child becomes ill while at school, we will notify you and your child will need to be picked up within one hour. The Health Department regulations prohibit the admittance of any child into a daycare center that exhibits any of the following symptoms:

* Fever – 100 degrees Fahrenheit or higher
* Diarrhea – 3 or more loose bowel movements
* Vomiting
* Runny nose – other than clear
* Rash
* Discharge from eyes or ears
* Lice
* Any other communicable disease (chicken pox, pink eye, influenza, etc.)

 If your child shows any of these symptoms, please keep him/her at home for a minimum of 24 hours. If your child has seen a doctor and been on an antibiotic for a full 24 hours, he/she will be allowed to return to the classroom. Thank you for your help with this matter – we know how important your child’s health is to you!

**IMMUNIZATION POLICY**

Per state law, all public, private, and parochial day care centers, preschools and nursery schools shall notify the parent or guardian of each child currently enrolled in or attending the facility of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

**MEDICATION POLICY**

I understand and agree to the following medication policy:

All medication sent to the center shall be in its **original container** and shall be labeled clearly with the child's name to ensure that medication is used for that child's use only.

* Expired medication will not be administered.
* Parents need to fill out the *Medication Authorization Form* for medicine.
* In addition to the Parental Authorization Form, if the medication label reads “TO CONSULT PHYSICIAN,” a written physician authorization with child’s name, date, medication name and dosage must be on file in order to administer the medication.
* State Laws require parents to fill out the medication form in the office. The following needs to be stated clearly:
	+ Child’s name
	+ Name of medicine
	+ Date(s) to be administered
	+ Dosage
	+ Time to be administered,
	+ Special instructions (if applicable)
	+ Side effects
	+ Signature of parent and date of signature
	+ Circumstances for administering “as needed” medication

**EVACUATION EMERGENCY**

In case of an evacuation emergency, I authorize Epic Learning Center personnel to use their own vehicles to transport my child from the Center to the designated location.

**EMERGENCY CARE**

Minor bumps and scrapes are inevitable, but we make every effort to keep your child safe through close supervision and childproofing. Minor injuries will receive the appropriate first aid. If emergency illness or injury occurs, you will be contacted immediately. If you cannot be reached, we will call your emergency contact numbers to make medical decisions in an emergency situation.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

 I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAY CARE PROVIDER OR HOME PROVIDER

TO CONTACT THE FOLLOWING:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN OR CLINIC NAME/TELEPHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENTIST OR PEDIATRIC DENTIST NAME/TELEPHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED HOSPITAL NAME/TELEPHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WATER PLAY**

I give permission for my child to participate in the Splash Day Activities. I understand that these activities will take place on campus during the summer.

Ages 1-2 years will be on the toddler playground. According to State Licensing Regulations, any child under the age of three may not participate in water activities as specified in Bulletin 137. However, they will be able to go outside and play with bubbles, paints and sidewalk chalk.

Ages 3 -5 years will be on the larger playground. The children will be divided into groups and they will play in a variety of water sprinklers and shallow wading pools.

**PHOTOGRAPHS**

By signing this Parental Agreement, I give Epic Learning Center consent to take photographs of my child during center activities in and out of the center. Pictures are used for the purpose of the activities within the center and will not be released to outside sources.

**WEBSITE AND FACEBOOK**

I give permission for photographs of my child to appear on the Epic Learning Center website, Facebook page and in promotional materials, including online media. \_\_\_\_\_yes \_\_\_\_\_no

 Website: www.epiclc.org, Facebook Page: Epic Learning Center

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**Provisionally-Employed Staff Member Policy**

1. Epic Learning Center may provisionally employ as a staff member, a person for whom it has requested a CCCBC-based determination of eligibility for child care purposes, and for whom the department has received a satisfactory fingerprint-based Louisiana or federal criminal history information record, pending the department’s receipt of the other CCCBC results and determination of the person’s eligibility for child care purposes.

2. A provisionally-employed staff member may be counted in child to staff ratios, but must be monitored at all times in accordance with the following.

a. A monitor of a provisionally-employed staff member must be an adult staff member for whom the center has a CCCBC-based determination of eligibility for child care purposes, (or prior to October 1, 2018, a satisfactory CBC), who is designated by the center to monitor a specific provisionally-employed staff member.

b. We will designate a monitor for each provisionally-employed staff member present at the center.

c. The monitor will be physically present at the center at all times when the provisionally-employed staff member is present at the center.

d. Monitors will remain within close enough physical proximity of their designated provisionally-employed staff members to be able intervene at any time if intervention is needed.

e. A monitor will perform at least one visual observation of each designated provisionally-employed staff member every 30 minutes.

f. The center shall designate one monitor for up to a maximum of five provisionally-employed staff members at any given time.

g. At least one monitor will be physically present at all times in any room during naptimes if a provisionally-employed staff member is present.

3. We will have a log provided by the department for documentation of the monitoring of provisionally-employed staff members that identifies each provisionally-employed staff member, the designated monitor for each, and the times of the visual observations.

I am signing below to acknowledge that I have read and agree to the Parent Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (Please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name (Please print) Father’s Name (Please print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother's Signature Date Father's Signature Date Director Initials

For Office Use Only

Entered\_\_\_\_ Door Code\_\_\_\_ Check In/Out Code\_\_\_\_

Paid Enrollment Fee\_\_\_\_ Prorated Curriculum Fee\_\_\_\_

Immunization Record\_\_\_\_ Food Program Application\_\_\_\_







