

**POLICY AGREEMENT
TIGER TOTS NURTURY CENTER
FORT HAYS STATE UNIVERSITY**

- *It is my desire to enroll _____ in Tiger Tots Nurtury Center. (Name of child)*
- *I have read and understand the contents of the Tiger Tots Information Booklet.*
- *I agree to pay on or before the 1st of each month. A \$25.00 late fee will be added after the first of the month. Immediate withdrawal of my child will be required after the first of the following month, until the entire overdue balance including the \$25.00 late fee is paid.*
- *I understand that if my child is absent, I will be responsible for the daily fee in order to reserve my child's place at the Center.*
- *I understand that the annual registration fee of \$25.00 is to be paid at the time of enrollment. This fee is nonrefundable.*
- *If my child remains at Tiger Tots past the scheduled closing I understand that a late fee will be charged and is due when I pick my child up. The fee is \$1.00 for each minute past the closing time of 5:10.*
- *I understand that I must give the Center two weeks notice prior to withdrawing my child during the semester, and be charged for two calendar weeks of regular enrollment.*
- *I agree to sign my child in and out of the Center on a daily basis.*
- *I understand that my child may not be released to anyone other than the parent, guardian, or authorized agent that I have previously determined.*
- *I understand that I must notify the Center by 8:30 a.m. if my child will not attend the Center for the day, and specify the reason if the absence involves illness.*
- *I will not bring my child when he is ill, and understand that the Center reserves the right to send my child home if symptoms of an illness are present (see handbook for details).*
- *I understand that the staff will administer medication to my child only if the medication is in the original container and I have completed the necessary paperwork.*
- *I acknowledge that the Center has given me a copy of this document and retained a copy for the Center's records*

I have read and thoroughly understand all terms.

Date

Parent's or Guardian's Signature