COMMUNITY Child Care
32 Park Blvd. Staunton, VA 24401
Phone: 540.886.7372 Fax: 540.886.0109

Parent COVID-19 Agreement for Admissions **Child's Name:** _____

I have read all the information provided to me by Community Child Care Center, Inc. I have completed all of the forms and will provide CCC with any and all information requested. I agree to the program information, schedule, and fees as described below and will pay the registration fee before my child may attend.

My child is enrolling: **Full Time:** 2's/3's____ Pre-K____ School Age Before____ S/A After____ S/A All Day____

Applicable fees: $ **50.00** **Annual** *Nonrefundable* Registration Fee

$ _____ Weekly Tuition Fee

_____ **I/We understand and have read the Parent COVID-19 Handbook and agree to abide by these policies.**

_____ I/We understand that if I do not pay my tuition by closing Friday (of the week before care is given) I may forfeit my child's place on the roster. All checks returned for insufficient funds will be charged a $50 fee.

_____ I/We understand that in the event that I do remove my child from the program, I will give the Center notice by closing Friday (of the week before care is given) or pay for that time.

_____ I/We understand that if my account reaches **two weeks in outstanding debt**, I will be asked to pay the balance immediately *or* be asked to remove my child from the program with the understanding to pay my account balance promptly.

_____ I/We understand that if my account is turned over to Collections, I will be responsible for all court costs and lawyer fees involved and that an additional **25%** of the total outstanding debt will be charged.

_____ I/We agree to pick up my child by closing time (5:30 PM) or be charged $1 for each minute until my child is picked up. I understand that I must call the Center at least 15 minutes before closing and notify Staff that I will be late.

_____ I/We agree that I will not bring my child to the Center when he/she is sick with any **COVID-19 symptom**s, including a **fever of 100.4 degrees or higher; persistent cough; and/or shortness of breath**. I further agree to pick up my child within one hour in the event that I am notified that my child is ill. I agree to stay 6 feet apart from anyone other than my child; wear a face covering to enter the Center; apply hand sanitizer; have my (and my child's) temperature taken; and wait no further than the office door. I agree to answer questions about my family's health.

_____ I/We agree to call the Center by 8:30 AM if my child will be coming in late or not coming at all.

_____ I/We understand that there are *no deductions* for absences (including illnesses, holidays, planned teacher work days, and school days closed for inclement weather). I understand that the Center may take up to **15 days** for holidays, staff training, etc. and that these days have already been calculated into my yearly tuition. I further understand that I will pay my regular tuition rate for my vacation days unless I opt to forfeit my child's spot on the roster.

_____ I/We give permission for my child to be included in photographs (which may be posted on the CCC *Facebook* page).

*** I/WE AGREE TO HONOR THIS CONTRACT.**

Signature(s) of parent(s) or legal guardian(s):

_____ Date _____

_____ Date _____

By signing, I give permission for CCC and my child's school to share pertinent information with each other about my child.