



## Return Student Admission Agreement

The following agreement is made by and between parent(s)/guardian(s) and provider:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Provider Name:**

New Hope Preschool (Lic # 376701082)  
2720 Olympic Parkway  
Chula Vista, CA 91915

### Our Mission:

*New Hope Preschool will provide:*

A Christ-centered environment with a thoughtfully balanced program that nurtures the spiritual, cognitive, social, and physical growth of each child.

Our mission is to inspire young children to become confident, curious, and compassionate learners. Through a play-based, child-centered curriculum, we celebrate each child's unique strengths and encourage a lifelong love of learning in a caring, faith-filled community.

### Our Philosophy:

The purpose of New Hope Preschool is to prepare each child for school socially, academically, and spiritually.

We believe in the power of play as the primary vehicle for learning, and our mission is to provide a stimulating and engaging environment where children can explore, discover, and grow at their own pace.

We strive to provide a loving and nurturing environment where children feel secure and successful while away from home, becoming familiar with the routines of school. Our goal is to help children develop wholesome attitudes toward themselves and others, fostering self-confidence, self-expression, self-control, responsibility, and independence.

Above all, we hope to guide each child in growing closer to God, nurturing a love for Him and an awareness of His presence in their lives.

*\*This program services children 2-5 years of age.*

### Hours of Operation:

*(We offer as following programs)*

#### Half Day

Mon & Wed: 9:00 am - 12:00 pm  
Tues & Thurs: 9:00 am - 12:00 pm

**Friday** - 9:00 am - 1:00 pm

#### Extended Day

Mon & Wed: 9:00 am - 2:00 pm  
Mon & Wed: 9:00 am - 2:00 pm

## 2-year old class

*is offered to students who are 2 years old on or before the date of registration.*

### **Parents Are Responsible For:**

Parents are asked to provide their child with diapers, baby wipes, an extra set of clothing, and a water bottle (insulated or plastic). For safety and hygiene reasons, bottles and sippy cups are not permitted.

This helps ensure each child is prepared for the day and can participate fully in all activities.

### **Additional fees:**

- Late pickup fees are due on the date of the infraction. ( **\$15** for the first **10 minutes**, with an additional **\$1 per minute** beyond the **first 10 minutes.** )
- Parent/Guardian agrees to pay **\$25** and any additional costs incurred if a check is returned to the provider. Thereafter, the payment will need to be made in cash or money order.
- Parent/Guardian agrees to pay a **\$25 nonrefundable transfer fee** if changing registration days and/or transferring from one class to another.

### **Refund Policy – Classes & Events:**

After attending the first class, if you determine that the program is not a good fit for any reason, you may request a refund of 100% of the amount paid, minus the registration fee.

No refunds will be issued after attending more than one class.

### **Refund Policy – New Hope Preschool**

Families who register on an annual basis are not obligated or committed to the second semester if their child has not yet attended the first week of that semester.

If, after the first week of the second semester, you determine that the program is not a good fit for any reason, a full refund for the second semester will be issued.

### **Licensing Rights:**

New Hope Preschool is licensed by the California Department of Social Services, Community Care **Licensing (#376701082)**. Authorized agents may, at any time and upon showing proper identification, enter the preschool, inspect the premises, speak with children or staff, and review child and center records to ensure compliance with state regulations.

### **Provider Agreement:**

- The provider agrees to provide services for the above-named child for the hours and days stated, except in the case of illness or emergency.
- The provider agrees to provide a safe and loving Christian environment for the children.
- The provider agrees to provide appropriate activities and toys for the children.
- The provider agrees to communicate with the parent/guardian about the needs and achievements of the child.
- The parent/guardian may visit at any time during normal hours to check on their child.

## Policies and Procedures:

To help ensure that all parents and guardians fully understand the policies and procedures of the New Hope Preschool Program, we kindly ask that you **read each item** carefully and place your **initials** next to them.

\_\_\_\_\_ I understand that I (or a designated **adult 18 or older**) must walk my child to their classroom and make sure that my child is signed in and out of the attendance book each day they attend New Hope Preschool. I will also make sure that a staff member is aware that my child has been dropped off.

\_\_\_\_\_ I agree that if my child is ill, I will keep him/her home until they have been symptom-free for **24 hours**. (Fever, vomiting, diarrhea, etc.)

\_\_\_\_\_ I will inform New Hope Preschool in writing of any changes in address, phone number, emergency contact information, or any changes in the family situation.

\_\_\_\_\_ I understand that toys from home will not be allowed. Any toy brought from home will be taken up and given back to the parent. New Hope Preschool and its staff are not responsible for toys brought from home.

\_\_\_\_\_ I understand that I need to send my child with appropriate clothes to play in, including closed-toed shoes. (NO flip-flops.) I also understand that there should always be a change of clothes or 2 in his/her backpack.

\_\_\_\_\_ I understand that the program is built to prepare my child for kindergarten and classes are set up for certain age groups with age cut off dates for each class. Teachers are not obligated to teach outside of their age range. New Hope Preschool will place children in classes first because of their age, and then after 1 month, if you and the teacher feel the age is not appropriate for your child, we will meet and discuss holding back or moving up your child.

\_\_\_\_\_ I have read and understand the New Hope Preschool Family Handbook (available on the New Hope Preschool Webpage, as well as in the church lobby).

## Termination of Service:

We reserve the right to terminate any enrollment at New Hope Preschool due to the following reasons:

- Non-sufficient funds
- Abuse of children, staff, or property
- Violation of New Hope Preschool program policies
- Disruptive or dangerous behavior towards children or staff
- The program's inability to meet the child's needs

By signing this contract, all parties agree they have read the Admission Agreement, and acknowledge and agree to all terms and policies stated.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature \_\_\_\_\_ Date: \_\_\_\_\_

# SEMESTER TUITION RATES & PAYMENT POLICIES:



- There is a \$175 non-refundable registration fee, due at time of registration.

**Semester Tuition Rates 3-5 years old:** Children must be three (3) years old and **fully potty trained** before their first day in the 3-year-old class to be eligible for enrollment.

<b>HOURS: M-TH 9AM-12PM , FRI 9AM-1PM</b>	
<b>2 Days M/W or T/TH</b>	<b>\$ 215 *mo \$ 1,076.00/semester</b>
<b>3 Days M/W/F or T/TH/F</b>	<b>\$ 359 *mo \$ 1,796.00/semester</b>
<b>5 Days M through F</b>	<b>\$ 574 *mo \$ 2,872.00/semester</b>
<b>FULL - DAY TUITION RATES PER SEMESTER (not monthly)</b>	
<b>HOURS : M - TH 9AM- 2PM, F 9AM -1PM</b>	
<b>2 Days M/W or T/TH</b>	<b>\$ 359 *mo \$ 1,795.00/semester</b>
<b>3 Days M/W/F or T/TH/F</b>	<b>\$ 503 *mo \$ 2,515.00/semester</b>
<b>5 Days M through F</b>	<b>\$ 862 *mo \$ 4,310.00/semester</b>
<b>SEMESTER TUITION RATES FOR 2 YEARS OLD (not monthly)</b>	
Children must be <b>2 years old on or before</b> the first day of school to be eligible for enrollment.	
<b>HOURS: M-TH 9AM-12PM , FRI 9AM-1PM</b>	
<b>2 Days M/W or T/TH</b>	<b>\$ 336 *mo \$ 1,680.00/semester</b>
<b>3 Days M/W/F or T/TH/F</b>	<b>\$ 480 *mo \$ 2,400.00/semester</b>
<b>5 Days M through F</b>	<b>\$ 816 *mo \$ 4,080.00/semester</b>
<b>FULL - DAY TUITION RATES PER SEMESTER (not monthly)</b>	
<b>HOURS: M-TH 9AM-12PM , FRI 9AM-1PM</b>	
<b>2 Days M/W or T/TH</b>	<b>\$ 558 *mo \$ 2,790.00/semester</b>
<b>3 Days M/W/F or T/TH/F</b>	<b>\$ 702 *mo \$ 3,510.00/semester</b>
<b>5 Days M through F</b>	<b>\$ 1,260 *mo \$ 6,300.00/semester</b>

## PAYMENTS:

- Full- year payment
- 2 scheduled semester payment
- 4 scheduled quarter payments
- Monthly payment
- Vacation Time/Illness: Parent agrees to pay during any vacation time or extended leave due to illness. **You pay per semester not used time.**

**2.9 % credit card  
0.6 % ACH fee**



Participant's Name ( Last, First ):

Date of Birth ( Month/Day/Year ):

## **NEW HOPE COMMUNITY CHURCH** **ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT**

***For Participation in New Hope's programs, classes, activities, child care, transportation, and facility use***

NEW HOPE COMMUNITY CHURCH is committed to conducting all of its programs and activities in a safe manner and holds the safety of church members, children, and guests in the highest regard. NEW HOPE COMMUNITY CHURCH continually strives to reduce associated risks and insists that all participants follow safety rules and instructions that are designed to protect all participants' safety. However, in consideration of participating in any program or activity, NEW HOPE COMMUNITY CHURCH and its facilitators must limit their liability.

Some forms of activities or programs, by their very nature, challenge and engage the physical, mental, and emotional resources of the participant; in this regard, it must be recognized that it is impossible for NEW HOPE COMMUNITY CHURCH to guarantee absolute safety of the participant in the activity. These risks include, but are not limited to, exposure to COVID-19 (coronavirus). Consequently, it is mandatory that each participant execute this ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT as a condition precedent and in consideration of engaging in any NEW HOPE COMMUNITY CHURCH program and activity, including, but not limited to, classes, childcare, and facility use ( including transportation services/vehicle operation.)

### **PLEASE READ THIS FORM CAREFULLY**

By signing this form you acknowledge that you understand the specific risks inherent in participating in any NEW HOPE COMMUNITY CHURCH program and activity, including, but not limited to, classes, childcare, and facility use ( including transportation services/vehicle operation. )

By signing this form, you recognize and acknowledge that there are certain risks of injury to participants, including exposure to COVID-19 (coronavirus), in such programs and activities, and you voluntarily agree to assume the full risk of any and all liabilities, claims, losses, obligations, demands, expenses, injuries, including death, damages, or loss whatsoever, regardless of severity, that you, or your child/ward may sustain as a result of such participation.

**I do hereby fully and forever indemnify, release and hold NEW HOPE COMMUNITY CHURCH, its employees, volunteers, agents, representatives, members, assigns and successors harmless from any and all liabilities, claims, losses, obligations, demands, expenses, injuries, including but not limited to COVID-19 (coronavirus), including death, damages, or loss whatsoever, regardless of severity, that I or my child/ward may sustain as a result of participating in any NEW HOPE COMMUNITY CHURCH program and activity, including, but not limited to, classes, childcare, and facility use (including transportation services/vehicle operation.)**

**I have read and fully understand the important information above regarding assumption of risk, holding NEW HOPE COMMUNITY CHURCH harmless, and the release of all claims.**

\*\*\* PLEASE DO NOT SIGN THIS FORM UNLESS YOU FULLY UNDERSTAND IT. \*\*\*

IF YOU HAVE ANY QUESTIONS OR CONCERNS, OUR STAFF IS HAPPY TO ASSIST AND PROVIDE CLARIFICATION.

Participants Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**( A parent or legal guardian must sign this form for any individual under the age of 18 )**

Print Name of parent/Guardian: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## PARTICIPANT INFORMATION

Child's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Cell : \_\_\_\_\_ Work : \_\_\_\_\_

Email : \_\_\_\_\_

### Emergency Contact ( other than parents ):

Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Phone : \_\_\_\_\_

### Allergies/ Important Medical Information:

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### People Authorized to pick me up:

Name : \_\_\_\_\_ with note / without note

Name : \_\_\_\_\_ with note / without note

Name : \_\_\_\_\_ with note / without note

Name : \_\_\_\_\_ with note / without note

### Additional Notes:

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## 2026-2027 PHOTO RELEASE FORM

Please fill out and sign the appropriate statement to either **GRANT** or **REFUSE** permission to use pictures of the participant on the church website and/or for other church publicity.

To **GRANT permission** to use the participant's pictures:

I \_\_\_\_\_ ( Please print your name ) GRANT permission for New Hope Community Church to publish photos of participant, \_\_\_\_\_ ( Please print participant's name ) in the church's various forms of publications, or on the church's Various websites. I give New Hope Community Church the perpetual, royalty-free right to use my photo(s) in any manner, including, but not limited to, publications, social media, and websites.

I understand that both the various publications and websites have a large audience, and the participant's photo will be available to the general public. I further understand that New Hope Community Church assumes no liability or responsibility whatsoever concerning any consequences of such use.

I further state that I have the right to give this permission as I am the ( **choose one** ) participant, the participant's parent, and legal guardian.

Publication of these photos may include first names for identification purposes only.

SIGNED \_\_\_\_\_ Dated \_\_\_\_\_

To **REFUSE permission** to use the participant's pictures:

I \_\_\_\_\_ ( Please print your name ) REFUSE permission for New Hope Community Church to publish photos of participant, \_\_\_\_\_ ( Please print participant's name ) in the church's various forms of publications, or on the church's various websites. I further state that I have the right to refuse this permission as I am the participant, the participant's parent or legal guardian.

SIGNED \_\_\_\_\_ Dated \_\_\_\_\_

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

New Hope Preschool \_\_\_\_\_ This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Vision:

Developmental:

Language/Speech:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

Allergies: medicine:

Insect stings:

Food:

Asthma:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- \_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

## **RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

# 2026-2027 INFLUENZA VACCINATION WRITTEN DECLINATION FORM



*I understand that, in accordance with California Health & Safety Code Section 1596.7995, my child is required to receive a flu shot between **August 1 and December 1** each year, unless I choose to provide a signed declination.*

**I ELECTED FOR \_\_\_\_\_ NOT TO HAVE A FLU SHOT 2026-2027**  
*(Child's Name)*

I acknowledge that I was aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from Influenza- related causes.
- The influenza virus is contagious for up to **24 hours** before symptoms begin, increasing the risk of transmission to others.
- Some people with Influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza.
- I understand that the influenza vaccine does not prevent all disease.
- I declined to receive the influenza vaccine for the **2026-2027** season.

I understand that the Centers for Disease Control and Prevention (CDC) recommends influenza (flu) vaccination for all early childhood education staff. This recommendation helps reduce the spread of illness and supports a healthy and safe environment for the children in our care, as well as our staff, families, and community.

***After reviewing this information, I have chosen to decline influenza (flu) vaccination for the 2026-2027 flu season. I acknowledge that I have read and fully understand the information provided in this declination form.***

**Child's Name:** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## New Hope Preschool

### *Important Information About Peanut/Tree Nut Allergies*

Dear Parents,

Welcome to the New Hope Preschool! We're so glad to have your family as part of our community.

We want to share that some of our students have severe allergies to peanuts and tree nuts. Even small exposure can cause a serious, life-threatening reaction, so keeping our classroom safe is very important to us.

To help protect all of our children, we kindly ask that you do not send any foods containing peanuts or tree nuts to school. If your child has eaten these foods before arriving, please make sure their hands and face are washed thoroughly before coming in.

Your care and cooperation truly make a difference in creating a safe and loving environment for everyone.

We are grateful for your partnership and pray for God's protection and blessings over all our children and families.

Thank you so much for your support! Please complete and return the form below to confirm you've received this information. If you have any questions, we're always here to help.

Director \_\_\_\_\_ Date: \_\_\_\_\_

*I have read and understand the peanut/tree nut-free classroom procedures. I agree to do my part in helping keep the classroom safe and peanut/tree nut free.*

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## TERMINATION AND SUSPENSION POLICY

*Children may be suspended or terminated from the program only for reasons listed below:*

SUSPENSION MAY BE NECESSARY FOR NON-PAYMENT OF TUITION. Delinquent payments must be paid in full prior to re-admittance. (Reference Payment, Policies identifying verbal contact with parent within first week of delinquency. Two weeks delinquency may result in suspension following written notice.)

*SUSPENSION OR TERMINATION OF CHILD CARE SERVICES MAY OCCUR IF:*

- A child has developmental or serious behavioral issues that cannot be adequately met by our staffing plan. Example: children who continually place themselves, other children, or staff at risk of physical harm. (Information and referral sources are available to parents upon request.)
- Parents consistently arrive late to pick up their child. Information and referral about alternate care options available upon request.
- Non-payment of tuition.
- Verbal expression of concerns, written evaluation of issues, and Parent conferences will precede suspension.
- If a parent's behavior interferes with the orderly conduct of the school or is otherwise disruptive, that parent's child may be terminated from the school without written notice

### PROCESS FOR TERMINATION AND SUSPENSION FOR CHILD BEHAVIOR ISSUES

- New Hope Preschool teachers are responsible for informing the Director of serious concerns they have for a child in their classroom.
- When it is determined there are concerns for a particular child in the classroom, the Lead Teacher will informally communicate with the parents and Director. If the problem continues, a minimum of three (3) written observations of the child will be recorded. Parent conferences will be encouraged if the problem remains unsolved.
- The Director will contact the parents in person, by telephone, or by a letter sent home with the child. The Director will arrange a mutually convenient time for a conference with the Director, Teacher, and parents. The Center's concerns will be clearly identified in writing.
- After the conference, should the problem seem irresolvable, New Hope will decide whether services will be terminated. The parents will receive a written statement from the Center, including the reason for termination, a summary of the Center's observations, interventions made by the Center, and all efforts made by the Center.
- Termination of any child's enrollment (whether Center or parent-initiated) shall be managed in a child-focused manner to prepare the child for termination from the program in a way consistent with the child's ability to understand.

**WE WANT YOU AND YOUR CHILD'S EXPERIENCE TO BE A POSITIVE ONE. PLEASE FEEL FREE TO SHARE OBSERVATIONS, QUESTIONS, CONCERNS, AND SUGGESTIONS.**

Parent /Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent/ Guardian Pick up Agreement



**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To ensure the safety, security, and emotional well-being of all children, as well as to support our staff in maintaining a structured and orderly environment, we kindly ask that you carefully review and sign the following pick- up policies.*

## 1. Scheduled Pick Up Times

*To maintain consistency and minimize disruption to classroom routines, children must be picked up promptly at their designated time.*

- Mon - Thu: 12:00 PM or 2:00 PM ( based on your child's enrolled program)
- Fridays : 1:00 PM

*\*Parents/guardians are expected to arrive on **time**. Repeated late pick-ups may result in additional actions, including continued enrollment.*

## 2. Late Pick Up Fees

*Late pick-ups impact staff schedules and may cause distress to children. Fees are strictly enforced and are **due at the time of pick-up**:*

- 1-10 Minutes Late: **\$ 15** flat fee per child.
- 11 + Minutes Late: An additional **\$1.00** per minute per child, beyond the first **10** minutes.

## 3. Authorized Pick-Up Persons

*For your child's safety:*

- Only individuals listed on the child's **authorized pick-up** list will be allowed to pick up your child.
- A valid **photo ID** may be required at any time.
- If someone not listed needs to pick up your child, prior written or verbal authorization must be provided to the center.

## 4. Communication Expectations

*If you anticipate being late:*

- You must notify the center **as soon as possible** via phone.
- Providing timely updates helps us reassure your child and plan accordingly.

## 5. Emergency Protocol

*In the event of a late pick-up without communication:*

- **After 15 minutes:** Staff will attempt to contact all parents/guardians and emergency contacts listed on file
- **After 30 minutes:** If no contact is made, local authorities ( e.g., Chula Vista Police Dept ) may be notified to ensure the child's safety.

## 6. Impact on Children and Staff

*Late pick-ups can:*

- Cause **anxiety and emotional distress** for children who are waiting to be picked up.
- Prevent staff from fulfilling other responsibilities, including preparing for upcoming classes or attending to personal obligations.

*\*We appreciate your cooperation in respecting staff time and maintaining a supportive environment for all children*

## **7. Agreement and Acknowledgment**

By signing below, you acknowledge that you have read, understand, and agree to follow the pick-up policies outlined above. You understand that failure to comply may result in additional fees or further action by the center.

**Parent/Guardian Name:**

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**Parent/Guardian Signature:**

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**Date:** \_\_\_\_\_