

**Close To My Heart
Early Childhood Development Center**

1740 Van Dyke St N
St. Paul, MN 55109
651-307-1492

Parent/Provider Contract

Child(ren) _____

- ❖ I have read the Close To My Heart Early Childhood Center Handbook and agree to comply with all policies and procedures.
- ❖ I have read the Close To My Heart Early Childhood Center Handbook and agree to comply with all policies and procedures except as noted below and discussed with provider:

My typical hours are: Monday _____ am/pm to _____ am/pm
Tuesday _____ am/pm to _____ am/pm
Wednesday _____ am/pm to _____ am/pm
Thursday _____ am/pm to _____ am/pm
Friday _____ am/pm to _____ am/pm

Therefore my fee is \$ _____ day/week/month (circle one) and is due at the drop off on my last day of attendance each week. I understand that a \$5.00 late fee will be added for each day my payment is late.

Release Agreement: Please initial each item below

____ I am enrolling for _____ days per day/week/month at the cost of \$ _____ per day/week/month
(circle one) (circle one)

____ I am aware to pay in advance each week's tuition.

____ I am aware that I will be charged a late fee for payments received after Monday of current week.

____ I am aware that I will be charged for unauthorized late pickups and early arrivals.

____ I authorize Close To My Heart Staff to initiate emergency care if need arises (ie, First Aid, CPR)

____ I authorize Close To My Heart Staff to apply Sun Screen (which I provide) to my child as needed.

____ I authorize Close To My Heart Staff to apply Insect Repellent (which I provide) to my child as needed.

____ I authorize Close To My Heart Staff to take my child on walks within a four block radius of the center when weather permits. Also, upon notification and my signature of permission, Close To My Heart is authorized to take my child on planned field trips by Bus or on foot (with parental consent).

Parent Signature _____ Date _____

Provider Signature _____ Date _____