



## U of M Flint- Early Childhood Development Center Family Agreement

*This form is thoroughly discussed at the time of orientation.*

### **ARRIVALS**

\_\_\_\_\_ I understand that all children must arrive in their classrooms no later than 8:59 a.m., regardless of scheduled arrival time. Children who do not come for the morning program may arrive between 11:30-11:45 to attend in the afternoon provided they are scheduled to.

### **TUITION/FEES**

\_\_\_\_\_ Tuition is charged, and I agree to pay, regardless of attendance or absence. I understand there are optional days or one vacation week that can be utilized during the course of the year at no cost.

\_\_\_\_\_ Material fees are due every 4 months at the beginning of the semesters; September, January and May. Material fees that are not received in a timely manner are subject to late fees.

\_\_\_\_\_ I understand that I must give a 30 day notice and pay a \$25.00 fee to break my contract for service with the Early Childhood Development Center. If I am an employee of U of M-Flint, I understand **and agree** that any balance due may be withdrawn from my paycheck. If I am a student of UM-Flint, I understand that I will not be able to register for classes until all outstanding fees and charges due to the University's ECDC are paid.

\_\_\_\_\_ I understand that there are early arrival and late charges.

\_\_\_\_\_ Tuition is due at the beginning of each week. If tuition is past due, there is a weekly \$20.00 late fee **each week** that there is a balance on my child's account. If my account reaches a delinquent balance of more than \$500, I will receive a written notice that my child cannot return to the program until at least half of the past-due amount is paid.

\_\_\_\_\_ For enrollment purposes, I agree to pay the one time Registration Fee at the time of orientation.

\_\_\_\_\_ An annual Student Administration Fee is due each year prior to the start of fall semester. This fee may be required during spring or summer semester to secure a space for fall attendance. One week of tuition ay also be required in order to hold my spot for subsequent semesters, if I disenroll my child for a semester.

\_\_\_\_\_ I understand that fees to secure enrollment are NON-REFUNDABLE. This stands even in cases where family circumstances may change.

\_\_\_\_\_ I understand that the Early Childhood Development Center is a "Not for Profit" organization. I may be able to claim a tax credit for tuition paid, but that is my responsibility to keep records of amounts paid. The center will issue receipts for each payment and provide a full statement in January of each year if requested.

### **LICENSING**

\_\_\_\_\_ I have been informed that the center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook is available to families for review during regular business hours. Licensing inspections and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

## **ASSESSMENTS**

\_\_\_\_\_ I authorize the use of various assessments throughout the year to support children's learning through observations, checklists, rating scales, work sampling, and individually administered tests. Families will receive a copy of their child's results and a copy will be placed in the child's confidential file. Conferences with the Head Teacher will be conducted twice a year and more frequently if requested by either party.

## **PICTURES, VIDEOTAPES AND WEB CAMS**

\_\_\_\_\_ I understand that photographs and videotapes are made of children enrolled in the Early Childhood Development Center by center staff for use in the program. These are generally used for instructional purposes, but can be used for print or news media, or on the ECDC Website and classroom specific sites. If your child becomes part of a research study, separate permission for pictures, slides, or videotape would be required. I give permission for the use of pictures, slides, and videotapes of my child for these purposes.

\_\_\_\_\_ I am aware that each classroom of the Early Childhood Development Center is equipped with a web cam for access by enrolled families. Various classes on campus may view the web cams for instructional purposes. Login unique names and passwords are required to access the web cams and will be changed periodically.

## **FIELD TRIPS**

\_\_\_\_\_ I understand that special field trips away from the Early Childhood Development Center are planned for the children throughout the year and consent to these supervised excursions will be required. I will be notified in advance of all field trips and associated costs, other than walking field trips on campus. Field Trips add to classroom education by relating life activities to learning experiences.

## **FAMILY HANDBOOK**

\_\_\_\_\_ I have received a copy of the UM-Flint Early Childhood Development Center's Family Handbook. It is my responsibility to read this information and to comply with the ECDC's policies and practices and/or ask questions when verification is needed.

## **RECORDS**

\_\_\_\_\_ I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur; this includes telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization record, family status, and other information relevant to my child's care.

## **OBSERVATION**

\_\_\_\_\_ I understand that my child will be a part of ongoing observations by students at UM-Flint and other local colleges. The nature of the ECDC's setting, on a university campus, is part of the ECDC's commitment to educating future teachers, nurses, psychologists, and a host of others who will work with young children in future careers. Children's names, if heard, are changed prior to turning in assignments. Anything observed cannot be published or used in other ways besides classroom assignments.

## HEALTH POLICIES/MEDICAL TREATMENT

- The parent must submit the 'Child Information/Emergency Contact Record' and other enrollment forms prior to attendance.
- Each child must have the series of immunizations recommended by the child's physician in compliance with Michigan law. A 'certificate of immunization' is required by the first date of attendance.
- A Michigan 'health appraisal' (physical) is required within 30 days of the child's first date of attendance. For children under 2 ½ years, it must be no older than 3 months. For children 2 ½ years to school age, it must be less than a year old. For school age children, parents provide a signed statement that the child is in good health. Health Appraisals (wellness checks) are required to be updated on a yearly basis.
- A child should be kept home from school if:
  - Their illness prevents them from participating comfortably in activities.
  - Their illness results in greater care than teachers can provide.
  - Their illness is known to be contagious.
  - Fever, unusual lethargy, persistent crying, difficulty breathing, and other signs of severe illness are reasons for exclusion.
- A child usually should remain home if he or she is infectious and until he or she is free of fever for 24 hours after an illness. The Director or person in charge makes final decisions regarding children's attendance in these situations. The Center may require a statement from your child's physician before readmitting the child after an illness.
- Parents must notify the Early Childhood Development Center if your child is to be absent. If he or she has a communicable disease, we must tell the other families that exposure has occurred.
- Children should be adequately dressed for outdoor play according to the season and the weather. They generally go out unless it is raining and/or too cold or too hot. Warm jackets with a hood, snow pants, boots, hat, and mittens are needed in cold weather. For all age groups including infants, we go outside unless it is unusually cold. We may go outside for a very short time, but we **do** go outside each day. In the summer, swimsuits can be worn outside each day that weather and temperature permit. Sunscreen and/or appropriate insect repellent will be applied when supplied by the family with the 'product usage' form signed. We will dress your child with all the clothing you bring. Label all items with the child's name to prevent loss. Extreme temperatures (either too hot or too cold) are verified on a day to day basis as needed and children are kept inside for safety. If a child is not well enough to go outside, please keep him or her at home. Exclusions from outdoor activities can only occur by written consent from a doctor.

- Policy on Medication: In compliance with State of Michigan regulations on administration of medicine by child care personnel, the following protocol will be followed:
  - When parents are not available to administer medication, a teacher may administer it.
  - Medication and/or special medical procedures shall be administered only according to the instructions on the label.
  - Medication may only be administered with a signed, dated request from the parent(s).
  - Times for administration of all dosages by the teacher must be clearly indicated and must be in accordance with the medication label.
  - Only prescription drugs in the original container, clearly labeled by a pharmacy with a current date, physician's name, child's name, and name and strength of the medication, and directions for administering shall be given.

\_\_\_\_\_ I understand these statements of health policy and agree to abide by them.

\_\_\_\_\_ Should my child become ill or suffer an accident of any character while he/she is in the care of the Early Childhood Development Center, the Center shall undertake to contact me immediately. In the event the Center is unable to reach me immediately, the Center and/or its designated representative shall be authorized to secure and consent to such medical attention, treatment, and services for my child as deemed necessary. I understand I will be solely responsible for and will promptly pay any expenses incurred by the Center in making emergency medical care available to my child.

***I understand the foregoing policies and am in complete agreement with them.***

_____	_____
Child's Name	Child's Birth Date

_____	_____
Child's Name	Child's Birth Date

_____	_____
Child's Name	Child's Birth Date

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian PRINTED NAME	Date

_____	_____	_____
Parent/Guardian Signature	Parent/Guardian PRINTED NAME	Date