PARENT ORIENTATION

Welcome

Tour of classrooms and playgrounds and introduction of staff.

- · Explain curriculum
- · Point out centers and their purpose
- Discuss our philosophies, policies and procedures
- Show classroom parent bulletin board, hall resource board and outside reminder bulletin board
- · Explain our open door policy
- Answer any questions asked

Enrollment package - review

- · Parent Handbook express the importance of it being read
- Application Form
- Emergency Release Form
- Student Emergency ID Card
- Financial Agreement for Private Paying Families
- CCC Contract and parent fees with subsidized families
- Discipline Policy
- · Calendar of Themes and Events
- PCLB's 'Know Your Child Care Center' pamphlet
- Accreditation pamphlet
- VPK program information if applicable
- · Current monthly Newsletter

Child's Name		Date of birth
Parent's Name		
Home phone	Work phone	Cell phone
Anticipated starting date		NATE

A two week notice will be given should either party wish to terminate care. We have agreed to abide by the terms of this contract and have each received a copy, along with a copy of Know Your Child's Day Care from Pinellas County License Board, The Sprout Academy Child's Illness Policy and Discipline Policy.

Parent/Guardian's Name	Parent/Guardian's Signature	Date
State of Florida		
County of Pinellas		
The foregoing instrument was	acknowledged before me this	_ day of
, 20by	, who is person	ally known
to me or has produced	as id	entification
THE STATE OF THE S	(type of identification)	
and who did (did not) take an o	oath.	
	Signed:	
	Signature of person takin	g acknowledgme

Weather

In case of severe weather, we will close when the Pinellas County School system closes. If school is not in
session will close when there is a Tropical Storm Warning. Tuition is still due.

A two week notice will be given should either party wishes to terminate care. We have agreed to abide by the terms of this contract and have received a copy.

Parent/Guardian's Na	me	Parent/Guardi	an's Signature	Date
State of Florid	la, County of		the foregoing instrume	nt was acknowledged
before me this	day of	, 20	_ by	
who is personally know	wn to me or has	produced		as
identification and who	o did (did not) ta	ke and oath.		
		Signed	:	
		Signed	:Signature of person ta	