REGISTRATION AGREEMENT
Milestones, Programs for Children, Inc.
Infant/Toddler/Early Childhood/Kindergarten Programs

Child's Name:_____

ATTENDANCE

1. I understand that if my child has special needs, I must indicate them on the Health History/Emergency Care Plan. Doing so will aid the staff in providing the most positive and successful environment for my child.

2. I agree to call the program if for any reason my child will not be attending on a regularly scheduled day.

3. I understand that I must give two weeks written notice of withdrawal from the program.

4. I understand that I must give two weeks notice of a change to my child's schedule.

PARENTAL CONSENT

1. I understand that the Milestones staff will assume full responsibility for my child from the time s/he arrives and is signed in until the time when s/he is signed out upon departure by a parent or authorized person.

2. I give my child permission to participate in walks and transported field trips. I understand I will be given advance notice of all transported field trips. Alternative care will not be provided if I elect not to send my child on the field trip.

3. I understand that Milestones Early Childhood classrooms do not typically have pets. If a pet is present in a particular classroom, I understand that I will receive advance notice of it's presence.

4. I understand that if an illness or medical emergency arises, the Milestones staff will try to contact me. If I cannot be reached and THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO TAKE MY CHILD TO THE NEAREST HOSPITAL. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE.

PAYMENT OF FEES

1. I understand that I am responsible for payment of contracted fees, paid in advance on the first Monday of each tuition period. Payments must be mailed to or dropped off at the Milestones Office. Payments cannot be made at the site.

2. I UNDERSTAND THAT I DO NOT RECEIVE ADJUSTMENTS IN FEES FOR HOLIDAYS, SNOW DAYS, OR DAYS MISSED. In the event of illness, vacation, or other absences, I will notify the Milestones staff and I am responsible for my child and tuition payment. Specific vacation credit policies are outlined in the Policies and Procedures.

3. I am aware of the hours of operation and agree to pick up my child promptly. I understand that for each minute that my child stays past program closing time of 6:00 PM, I will be assessed a $2.00 per minute late pick up charge.

4. I understand that if I am receiving financial assistance, I am responsible for any amount not covered by my funding source. I understand that I am responsible for full payment until funding documentation is received by the Milestones Accounts Manager.

GENERAL

1. I understand that the Wisconsin Rules for Licensing Day Care Centers are available for my review.

2. I understand that I must update my child's health history, intake form, and immunization form as needed.

I give my child permission to participate fully in this program.

I/We have read and agree to adhere to the Milestones Policies and Procedures.

The application for enrollment must be accompanied by the non-refundable Processing Fee of $45.00 per child or $60.00 per family ($30.00 per child or $40.00 per family for continuing families)

_____ _____
Signature of parent/guardian **Date**

_____ _____
Signature of parent/guardian **Date**