



PARENT/GUARDIAN AGREEMENT FOR DAYCARE

The Monroe County School District is conducting after-school daycare programs. The daycare will be held at selected schools. Please read and sign the following agreement. Failure to do so is cause for exclusion from the program.

FEE STRUCTURE:

WE REQUIRE ONE WEEK OF DEPOSIT TO HOLD THE SPACE. THE DEPOSIT WILL BE APPLIED TO THE CHILD'S BALANCE AND **IS NOT REFUNDABLE IF THE CHILD DOES NOT ATTEND TO THE PROGRAMS.** THIS RULE APPLIES TO ALL DAYCARE PROGRAMS OFFERED BY THE SCHOOL, INCLUDING REGULAR SCHOOL AFTERCARE PROGRAM, AND PROGRAMS HELD DURING WINTER BREAK, SPRING BREAK, SUMMER BREAK (IF APPLICABLE). CONTACT YOUR DAYCARE DIRECTOR TO CONFIRM AVAILABILITY FOR PROFESSIONAL DAYS AND BREAKS, OFFERED ONLY AT SELECT SCHOOLS.

ALL FEES MUST BE PAID IN ADVANCE, NO LATER THAN MONDAY OF EACH WEEK THE CHILD WILL BE ATTENDING. A \$30.00 FEE WILL BE CHARGED FOR EACH RETURNED CHECK.

PAID PRE-K SCHOOL DAYS	3- Hour Program: \$55.00 per week
	6-Hour Program: \$95.00 per week
	RATES ARE FOR 1-5 DAYS PER WEEK
	MCSD EMPLOYEES NO CHARGE
REGULAR SCHOOL DAYS	First Child - \$55.00 per week
	Additional Child - \$45.00 per week
	MCSD EMPLOYEES NO CHARGE (Pickup by 5:30PM)
PROFESSIONAL DAYS	\$30.00 per day (Pickup by 5:30 PM)
	MCSD EMPLOYEES NO CHARGE (Pickup by 5:30PM)
EARLY RELEASE DAYS	\$20.00 per day
SUMMER DAY CARE	
7:30 AM – 5:30 PM (10 Hours)	\$110.00 per week
2:30 PM – 5:30 PM	\$55.00 per week

Late Pick-Up

There will be a \$1.00 fee assessed per child for EACH MINUTE past the scheduled pickup time. For example: one child picked up 10 minutes late will result in a fee of \$10.00; 40 minutes late will be \$40.00.



Severe Weather Cancellations:

In the event that a severe weather alert is issued for your community, daycare services will be cancelled. You MUST be responsible for your child at that time. Immediate pickup is mandatory for all parents.

Authorization to Pick Up Child:

Daycare staff will not release a child to anyone not authorized to pick up the child. If anyone other than persons listed on the daycare registration form are to pick up your child, you must notify the office and/or daycare staff in writing, and provide signed written consent for the other person to pick up your child. Children will NOT be permitted to walk home from daycare. All persons picking up your child will be required to present photo identification.

Injuries During Daycare:

If your child is injured, the daycare staff will take whatever steps are necessary to obtain emergency medical care, if warranted. Parents must ensure that the emergency information on the registration form is complete and accurate. The front office closes at 4:00PM. The following procedures may be followed during an emergency involving your child:

1. Attempt to contact the parent/guardian
2. Attempt to contact your child's doctor
3. Attempt to contact the parent/guardian through any other contact listed on the registration form
4. If we cannot contact you, or your child's doctor, we may do any of the following:
 - a. Call an ambulance
 - b. Have the child transported to a hospital by a daycare staff member for emergency medical treatment

Dietary Restrictions / Prescriptive Medical Treatment:

If your child requires special dietary restrictions (including food allergies) or prescriptive medical treatment, please specify them on the registration form. Daycare staff are generally not permitted to administer medications (prescription or otherwise). If your child requires emergency administration of medication, you must make arrangements with the Daycare Director overseeing the daycare program at your child's school.



Important Information:

1. Please make sure your child knows they are to attend daycare
2. Your child understands the importance of reporting immediately to daycare after class dismisses
3. Make sure your child knows who will be picking him/her up or where they are to go if walking
4. If your child regularly attends daycare, please notify the staff in writing if the child is not attending daycare.
5. If your child is attending daycare for the first time, be sure to notify the daycare staff or their teacher. You must complete a registration form prior to admittance to the daycare program

Requirements for Attendance:

1. Children must be enrolled in a Monroe County School District public school.
2. Children must be self-sufficient (*eg. able to feed themselves, toilet trained, etc.*)
3. Children who exhibit behavior that presents a threat to themselves, others, or school property will be excluded from the daycare program.
4. If your child requires medical treatment, hospital care or physician services during daycare, the expense will be paid by you.
5. Children who are disruptive and do not follow the rules or directives of the daycare personnel will be excluded from the daycare program.
6. The program is not responsible for lost or misplaced items. We encourage you to label every item your child brings to daycare.
7. It is your responsibility to pick your child up at dismissal time. Students are not permitted to wait on school grounds more than five (5) minutes after dismissal unless you have previously made arrangements with daycare personnel.

Payment:

1. All daycare payments are the responsibility of the custodial parent/guardian regardless of any reimbursement program for which you or your child may qualify. All payment is due on first day of each week your child will be attending daycare. For example, if payment is not made on Monday, your child will not be permitted to attend the daycare program on Tuesday.
2. All payment must be paid to the daycare via the Monroe County School District Daycare Portal (<https://osp.osmsinc.com/MonroeFL/>). **NO CASH PAYMENTS**, we accept checks, money order and online payments.



DAYS ATTENDING: Please check all days your child will attend the daycare program, and indicate pick-up time for each day. Pick-up time may be no later than 5:30PM.

DAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

CHILD INFORMATION:

Name: _____
(Last) (First) (Middle) (Alias)

Lunch ID: _____

Date of Birth: _____ Grade: _____ Teacher: _____

Address: _____ Phone: _____

PARENT/GUARDIAN INFORMATION:

Mother: _____ Phone: _____

Place of Work: _____ Alternate #: _____

Email: _____

Father: _____ Phone: _____

Place of Work: _____ Alternate #: _____

Email: _____



Physician Information:

Name: _____ Phone: _____

Address: _____

Food Allergies & Treatment:

Please list any dietary restrictions, food allergies, or special medical treatment for your child

Emergency Contact:

Please list a relative or neighbor who can be contacted in the parent/guardian cannot be reached

(Name)	(Relationship)	(Phone)
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Authorized Persons for Pickup:

(Name)	(Relationship)	(Phone)
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(Name)	(Relationship)	(Phone)
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(Name)	(Relationship)	(Phone)
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(Name)	(Relationship)	(Phone)
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Weekly Fee: _____

Per Monroe County School District Policy 6152, failure to pay fees, fines, and charges may result in denial of participation in a graduation ceremony. In the event you fail to pay fees associated with the daycare program, MCSD may take appropriate action in accordance with Policy 6152, including but not limited to legal action against you in small claims court for recovery of said fees.

I, the undersigned parent or guardian of the child(ren) referenced in the registration form (Child), acknowledge that by submitting this form, my child will be enrolled in the Monroe County School District Daycare Program. I hereby confirm that the information in this submittal is true and correct to the best of my knowledge, and agree to abide by all requirements, terms, and conditions listed in this Parent Agreement. I understand that I am responsible for paying the above-referenced fee each week my child attends the daycare program (fees will not be prorated for days absent), and agree to pay said fee at the beginning of each week. I accept all risks incidental to daycare activities and hereby release the School Board of Monroe County, Florida from any and all liability deriving from my child's enrollment in the daycare program.

Signature of Parent/Guardian

Print Name: _____

Date: _____