

# Kid's USA Learning Center Inc. Policy Agreement

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date care is to begin \_\_\_\_\_

## Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time	_____	_____	_____	_____	_____
Departure Time	_____	_____	_____	_____	_____

## Payment Plan

1. Weekly                      2. Bi-Weekly                      3. Childcare Assistance                      (circle one)

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**I have read the policies of Kid's USA Learning Center Inc. and agree to follow them**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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*(To be filled out by the Director/Asst. Director)*

A. Date care is to begin \_\_\_\_\_ End \_\_\_\_\_

B. Registration Fee due \_\_\_\_\_ Paid \_\_\_\_\_

C. Security Payment Due \_\_\_\_\_ Paid \_\_\_\_\_

D. Orientation visit held on \_\_\_\_\_ By \_\_\_\_\_

E. The following items were given out and explained:

- |                            |                                                  |
|----------------------------|--------------------------------------------------|
| <i>1. Policy</i>           | <i>6. Immunization Record</i>                    |
| <i>2. Policy Agreement</i> | <i>7. Physical Form</i>                          |
| <i>3. Rate Sheet</i>       | <i>8. Under 2 Intake Form</i>                    |
| <i>4. Enrollment Form</i>  | <i>9. Acquaint me with your child (over 2)</i>   |
| <i>5. Health Report</i>    | <i>10. Transportation Form (when applicable)</i> |

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_