



Child's Name: _____ Sex: _____ Birthdate: _____

Mother Name _____ Address: _____ City & State: _____

Employer _____ Email Address: _____

Cell Phone #: _____ Work Phone #: _____

Father Name _____ Address: _____ City & State: _____

Employer _____ Email Address: _____

Cell Phone #: _____ Work Phone #: _____

Person/s with whom the child lives:

Individuals to contact in case of an emergency, whom are also allowed to pick-up your child:

Name: _____ Relation: _____ Phone#: _____

Name: _____ Relation: _____ Phone#: _____

Name: _____ Relation: _____ Phone#: _____

Circle the following answers:

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Does your child have any special needs or health concerns? Yes No

Please explain any "yes" answer here:

WEBSITE AND FACEBOOK

I give permission for photographs of my child to appear on the Epic Learning Center website, Facebook page and in promotional materials, including online media. ____yes ____no

Website: www.epiclc.org, Facebook Page: Epic Learning Center

PARENT AGREEMENT

This agreement is entered into by and between Epic Learning Center and

_____ (parents/guardians) for the provision of childcare for

_____ (child). I have downloaded and read the Epic Learning Center Parent Handbook. By signing and returning the parental agreement to Epic Learning Center, I declare that I am in complete agreement and will follow all said policies. I fully understand that the Epic Learning Center Parent Handbook is not a contract, but a guide for parents and students and may be revised from time to time.

HOURS OF OPERATION

Care for _____ (child) will begin on _____. Normal business hours are from 6:30 AM to 6:00 PM. _____'s care will typically begin at _____ AM and end at _____ PM.

TERMINATION OF CHILDCARE

I agree to give Epic Learning Center a two-week notice if I decide to terminate childcare or pay two weeks tuition. A *Student Withdraw Form* will need to be completed at this time. If you do not give a two weeks notice, we reserve the right to pursue any collections, including the two week tuition charge, late fees and legal action if necessary. In a court of competent jurisdiction, you will also be responsible for costs of any court proceedings and reasonable attorney's fees.

PAYMENT

Payments are due no later than 6:00 PM on Tuesday for the current week of childcare services. If payment has not been received by Tuesday at 6:00 PM, a \$10.00 late fee will be charged on Wednesday of that week if the payment is not received. Payment must be brought for your child to attend on the following Monday.

If you become past due on payments, we reserve the right to pursue any collections activity including legal action if necessary. In a court of competent jurisdiction, you will also be responsible for costs of any court proceedings and reasonable attorney's fees.

FORMS OF PAYMENT

We accept cash, check, money order or automatic weekly, bi-weekly or monthly withdraw with bank account or credit cards. There is a payment box set up for you to be able to drop that in. Receipts are available upon request.

AUTOMATIC WEEKLY, BI-WEEKLY OR MONTHLY WITHDRAWS

We have a secure card processing company that we use for card payments. This is a convenient way for you to set up automatic payments on the schedule that you prefer. To set this type of payment up for your account, please complete the Card on File Authorization Form in this packet. If you set up the automatic payment, there is no convenience fee associated with this. We can take card manually; however, there will be 3% charge doing it this way.

CLOSURES

In the event of severe weather and unforeseen emergencies, we reserve the right to close the center. There will be no reduction in your tuition due to a center closure of any kind, including but not limited to, severe weather, holidays, vacation, or illness, unless it qualifies under the vacation time listed below. **Please refer to the COVID 19 Policies for specific information around COVID 19 Policies & Procedures.**

STUDENT VACATION

After six months of attendance at Epic Learning Center, your child will receive 5 days of vacation. Vacation must be used during the calendar year and will not carry over to the next year. All vacation hours not used by the end of the year will be forfeited. Vacation is to be used when your child is not in attendance at the center and must be approved through the center director. Please contact the center director for a vacation request form. All other absences will not result in the reduction of weekly tuition.

LATE PICK-UP FEES

Epic Learning Center sites are open from 6:30 AM until 6:00 PM. Parents/guardians of any child not picked up by 6:00 PM will be charged \$5.00 for the first 15 minutes and \$1 per minute per child thereafter.



Discover. Explore. Learn.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Automatic Payment Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other			
Cardholder Name (as shown on card):				
Billing Cycle (Circle One): Weekly Bi-Weekly Monthly				
Amount Authorized:				
Please present the card to the Director during enrollment so the card can be entered in the secure system.				

I, _____, authorize Epic Learning Center to charge my credit card above for agreed upon weekly tuition. I understand that my information will be saved to file for future transactions on my account; however, the card number will be masked.

Parent Signature

Date

Please leave blank if you do not wish to set up automatic payments.



To: Epic Learning Center Parents

From: Epic Learning Center Management

RE: CO-VID 19 Policies

The following policies are being enforced to ensure a safe and healthy environment for our families and staff. The health and safety guidance came from the Louisiana Department of Health for Early Learning Centers. We continue to stay updated on the guidance they are releasing. We want to avoid closures of any kind, so we are putting policies in place with that in mind.

- **Before arriving at the center:** parents should conduct a morning wellness check with their child/ren. If your child is showing any of the following symptoms, it is your responsibility to keep your child at home: fever (100.4 degrees and higher), cough, shortness of breath or sore throat. Your child should not be given fever reducers to mask a fever.
- **In case of a quarantine of any kind, you are eligible for 10 days of CO-VID tuition credit from May 3, 2021 until December 31, 2021.** After the 10 days of CO-VID tuition credit has been applied, regular tuition will resume to hold your child's spot unless you qualify for vacation credit.
- If **your child** has been tested and awaiting CO-VID 19 results, your child must stay home until you receive negative results. Please notify your center Director in this instance.
- If **anyone in your household** has been tested and awaiting CO-VID 19 results, your child must stay home until you receive negative results. Please notify your center Director in this instance.
- We will actively monitor children and staff for any symptoms of fever, cough, shortness of breath or sore throat throughout the day. **Any child with these symptoms should not participate in the program until symptoms have subsided for 24 hours.** Only well children should attend.
- Parents will **drop off and pick up their children outside the center** with a staff member at the door.
- All children and staff will have their **temperature checked** before entering the center.
- We will practice **frequent environmental cleaning** (cleaning high touch surfaces hourly) and wash hands frequently with soap and water for 20 seconds.
- Communication through email will be especially important, **please make sure you have an email on file with the Director and monitor your email for updates.**

It is especially important that we adhere to these policies for the safety and health of our families and staff. It is your responsibility to conduct daily wellness checks with your child and follow the policies of the center regarding attendance. Violation of these policies could result in termination of care.

Parent Signature: _____ **Date:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE:

Epic Learning Center

DAY CARE PROVIDER OR HOME PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC NAME/TELEPHONE NUMBER

DENTIST OR PEDIATRIC DENTIST NAME/TELEPHONE NUMBER

PREFERRED HOSPITAL NAME/TELEPHONE NUMBER

I authorize the facility to secure emergency medical treatment for my child.

I am signing below to acknowledge that I have read and agree to the Parent Agreement & Parent Handbook.

Child's Name (Please print)

Mother's Name (Please print) Father's Name (Please print)

Mother's Signature Date Father's Signature Date Director Initials