



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.

*Please note that we have a cut-off time of 10:00am for drop off. Any drop off after 10:00am must be approved in advance by the site director.

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. Tuition Express will be available to continue to online payments. 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. We will follow the school districts closures for severe weather. **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.

TEN HOUR DAY

We value every moment that we have with your kiddos, and we know you do as well. We want their days at the center to be consistent and predictable while at the center. To help with staffing our center in a consistent and predictable manner, we are implementing a ten-hour day policy. This policy is effective immediately. Late fees will be applied for any child at the center longer than 10 hours in a day span. Unfortunately, non-compliance with this policy could result in termination of care.

I am signing below to acknowledge that I have read and agree to the policies
listed in 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



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.



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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 responsible for paying tuition as normal.** 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 may **drop off and pick up their children outside the center** with a staff member at the door. Parents are also allowed access to their children in their classrooms.
- 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.**
- **All Covid test results & negative results must be from a licensed facility.** (ex. Doctor office, urgent care, emergency room, etc.) *No at-home test will be accepted*

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. We will designate response role(s) to center personnel who are properly trained to administer epinephrine in accordance with policies governing the administration of epinephrine.

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



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PARENT CODE OF CONDUCT

Epic Learning Center expects the parents/guardians of enrolled children to act in a manner consistent with decency, courtesy, and respect. One of the goals of Epic Learning Center is to provide the most appropriate environment in which a child can grow, learn, and develop. Achieving this ideal environment is not only the responsibility of the employees of Epic Learning Center, but is the responsibility of each and every parent or adult who enters the center. Parents are required to behave in a manner that fosters this ideal environment. Parents/Guardians who violate the Parent Code of Conduct will not be permitted on Epic property thereafter.

Swearing/Cursing

No parent or adult is permitted to curse or use other inappropriate language on Epic property at any time, whether in the presence of a child or not. Inappropriate language will not be tolerated. If a parent or adult feels frustrated or angry, it is more appropriate to verbally express the frustration or anger using non-offensive language. At NO time shall inappropriate language be directed toward members of the staff, threatening of employees, children, other parents or adults associated with Epic Learning Center. Threats of any kind will not be tolerated. All threats will be reported to the appropriate authorities and will be prosecuted to the fullest extent of the law. While apologies for such behavior are appreciated, the center will not assume the risk of a second chance. Parents must be responsible for and in control of their behavior at all times.

Physical/Verbal punishment of your child or other children at Epic Learning Center

While Epic Learning Center does not support or condone corporal punishment of children, such acts are not permitted in the child care facility. Parents are always welcome to discuss behavior issues with the Director and to seek advice and guidance regarding appropriate and effective disciplinary procedures.

Parents are prohibited from addressing, for the purpose of correction or discipline, a child that is not their own. No parent or other adult may physically punish another parent's child. If a parent should witness another parent's child behaving in an inappropriate manner, or is concerned about behavior reported to them by their own child, it is most appropriate for the parent to direct their concern to the classroom teacher and/or site Director.

Furthermore, it is inappropriate for one parent to seek out another parent to discuss their child's inappropriate behavior. All behavior concerns should be brought to the classroom teacher or Director's attention. At that point, the Director will address the issue.

Violations of the Confidentiality Policy

Epic Learning Center adheres to strict confidentiality of all persons associated with each center. Parents must understand the implications of this responsibility. Confidentiality not only applies to their child or family, but all children, families and employees associated with the Epic Learning Center. Any parent who shares any information considered to be confidential, pressures employees or other parents for

information which is not necessary for them to know, will be considered to be in violation of the Confidentiality Policy.

Firearms and Weapons

At no time is any person permitted to carry any type of firearm, ammunitions and/or weapon on Epic property for any reason. Violation of this policy will result in immediate dismissal from the program.

By signing below, I acknowledge I have read and understand the Parent Code of Conduct.

_____	_____
Parent/Guardian Signature	Date

_____	_____
Parent/Guardian Printed Name	Child's Name

COPY OF STATEMENT FILED WITH CHILD'S RECORDS.