



GROWING SEEDS ACADEMY

FINANCIAL AGREEMENT

Child Name: _____ DOB: _____

Enrollment Date: _____ Start Date: _____

Name of Person (s) Responsible for Tuition: _____

Email: _____ Phone (Cell/home): _____

SCHEDULE:

Full Time: ____ Part Time: ____

Infant: ____ Toddler: ____ TWO'S: ____ PRE-K: ____ KINDER: ____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

DROP OFF TIME: _____ PICK UP TIME: _____

PAYMENT:

FEES	AMOUNT
Registration fee	\$50
2-Week Deposit	
TOTAL	

Tuition	Fee
Monthly or Weekly	
Discount (If applicable)	
**Total Due:	

****MONTHLY TUITION:** Payment due 25th of the month prior to the month of care

****WEEKLY TUITION:** Payment due on Monday's

I understand the following:

- No refunds for illness, vacation days, scheduled center closings, emergency- closings or weather-related
- Children may not switch scheduled days due to these absences.
- Registration fee & security deposit are NOT refundable under any circumstances. There are no cash refunds.
- Rates are subject to change with a 30days notice.
- Tuition increases of 2% on September month.
- My child cannot attend GROWING SEEDS ACADEMY unless tuition has been paid in advance.
- A fee of \$35.00 will apply to any returned check.
- I am responsible for the above tuition until notice of withdrawal is given, 30 business days in advance.
- A late fee will be added to family's account for any child not picked up before the center's regular closing time.
- Mandatory forms are required prior to first day

Director Signature

Parent Signature

Date

GSA Emergency Card



Child's Name: _____ **Birth Date:** _____

PARENTS/GUARDIANS

Name: _____ **Relationship:** _____

Work Address: _____ **Work Phone:** _____

Cell Phone: _____ **Home Phone:** _____

Name: _____ **Relationship:** _____

Work Address: _____ **Work Phone:** _____

Cell Phone: _____ **Home Phone:** _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name: _____ **Relationship to Child:** _____

Work Phone: _____ **Home Phone:** _____

Cell Phone: _____

Name: _____ **Relationship to Child:** _____

Work Phone: _____ **Home Phone:** _____

Cell Phone: _____

PHYSICIAN

Name: _____ **Address:** _____

Phone: _____

ALLERGIES & OTHER SIGNIFICANT INFORMATION:

I grant my permission for the emergency contact(s) to transport my child to and from a growing seed academy (or to be called in an emergency to pick up child).

I give my permission to a growing seed academy. To make whatever emergency measures as judged necessary for the care and protection of my child while under their supervision. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I give permission for my child to be transported by a growing seed academy personnel for designated extra- curricular activities. I give permission for my child to use all GSA facilities, indoors and out, and to take neighborhood walks.

DATE: _____ **SIGNATURE:** _____

Video Photo Consent

I hereby give my permission for my child to be photographed for program reasons only. I understand that if any pictures are taken for reasons other than program (ie: advertising) I will be notified in advance, so that my permission may be given.

Signature of Parent/Guardian

Date

Discipline Policy

Signature of Parent/Guardian

The goal of discipline is to help the child develop self-control and move toward appropriate social behavior. Examples of developmentally appropriate methods utilized for resolving conflict are:

- **Positive guidance**
When disputes arise among children or between a child and staff, the staff will encourage a “talking out” process where the goal is to acknowledge feelings and find solutions using the children’s ideas wherever possible.
- **Setting clear limits**
Staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.
- **Redirection**
A child who may be aggressive or who is disruptive or destructive of other children’s work may be asked to make an activity choice in another area.

Staff will continuously supervise children during disciplinary actions. Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using least restrictive methods, as appropriate.

Signature of Parent/Guardian

Date