



## Enrollment Form

Child's Name \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
 Child's Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

### Parent Information

Mother/Guardian \_\_\_\_\_ SS# \_\_\_\_\_  
 Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ SS# \_\_\_\_\_  
 Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

- *If custody of this child has been removed from one or both of the parents, please indicate who has legal custody of the child and provide a copy of the custody papers.* \_\_\_\_\_  
 \_\_\_\_\_
- Please name anyone prohibited by court order from having contact with the child and provide a copy of the court order. \_\_\_\_\_  
 \_\_\_\_\_

### Medical Information

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Hospital Preference \_\_\_\_\_  
 Allergies/Symptoms \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **I would like to enroll my child in the following program:**

- 5-Day (full day)  1/2 Day 4K  
 3-Day (MWF, full day)  Afterschool Care  
 2-Day (TTh, full day)

### *To be completed by TGP Director:*

Registration Fee Amount: \_\_\_\_\_ Date paid: \_\_\_\_\_  Online  Check/Cash  
 Deposit Fee Amount: \_\_\_\_\_ Date paid: \_\_\_\_\_  Online  Check/Cash  
 Supply Fee Amount: \_\_\_\_\_ Date paid: \_\_\_\_\_  Online  Check/Cash  
 Class: \_\_\_\_\_ Start Date: \_\_\_\_\_ Other: \_\_\_\_\_



## Identification and Emergency Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

### Parent Information

Mother/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated

- If custody of this child has been removed from one or both of the parents, please indicate who has legal custody of the child and provide a copy of the custody papers. \_\_\_\_\_

- Please name anyone prohibited by court order from having contact with the child and provide a copy of the court order. \_\_\_\_\_

### Medical Information

Allergies/Symptoms \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### **The following individuals, other than the people mentioned above, may pick up my child:**

Name \_\_\_\_\_ DL # \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ DL # \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ DL # \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **In case of an emergency, when parents cannot be reached, please call:**

Name \_\_\_\_\_ DL # \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ DL # \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ DL # \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE NOTE:** If your child becomes ill at The Growing Place, and you cannot be reached, one of these people will need to be available to pick your child up.



## Medical Release

I hereby agree that the staff of The Growing Place may secure transportation by EMS to \_\_\_\_\_ (local hospital) for my child if I cannot be reached in an emergency. (Refer to Parent Handbook regarding emergencies.)

I also agree that the attending physician may undertake treatment and diagnostics procedures, including an operation and/or the administration of the necessary anesthesia in the event of serious or major injury if the undersigned cannot be contacted in advance.

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Special Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Phone #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # of Parent/Guardian: \_\_\_\_\_

South Carolina Department of Social Services  
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address – no Post Office Boxes City, State, Zip

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility:  **Mon**  **Tue**  **Wed**  **Thurs**  **Fri**  **Sat**  **Sun**

**Check** all meals Child will receive daily:  **Meals are not offered**  **Breakfast**  **Morning Snack**  **Lunch**  
 **Afternoon Snack**  **Dinner**  **Evening Snack**

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee



## Developmental History

Child's Full Name \_\_\_\_\_

Preferred Name or Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Developmental History

Walked at \_\_\_\_\_ months

Began talking at \_\_\_\_\_ months

Toilet training began at \_\_\_\_\_ months

### Health History

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's address \_\_\_\_\_

Please list any severe illnesses, serious accidents, or common childhood illnesses your child may have experienced:

\_\_\_\_\_  
\_\_\_\_\_

Any physical disabilities?  No  Yes; please list: \_\_\_\_\_

Any known allergies or asthma?  No  Yes; please list: \_\_\_\_\_

Any medications given regularly?  No  Yes; please list: \_\_\_\_\_

Subject to frequent colds or ear infections?  No  Yes

Is your child covered by health insurance?  No  Yes

If so, what company? \_\_\_\_\_

Insurance No. \_\_\_\_\_

### Family Members

*Siblings (in order of age)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

*Others living in home*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Social History

Languages spoken in the home \_\_\_\_\_

Does your child need a favorite blanket, toy, etc.?  No  Yes; please list: \_\_\_\_\_

Has your child been in a child care facility before, or in a situation with other children?  No  Yes

If so, describe that experience? \_\_\_\_\_

Describe your child's personality and temperament: \_\_\_\_\_

Does your child use a pacifier?  No  Yes

Does your child suck his/her thumb?  No  Yes

Are there special ways we can help your child?  No  Yes; please specify: \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

### **Eating Habits**

Describe your child's eating style (good, picky, slow, frequency) \_\_\_\_\_

Favorite foods \_\_\_\_\_

Does your child have eating problems?  No  Yes; please specify: \_\_\_\_\_

Does your child have any known food allergies?  No  Yes; please list: \_\_\_\_\_

Does your child eat with fingers, spoon, fork, etc.? \_\_\_\_\_

### **Toilet Habits**

Special word(s) spoken in your home for toilet or other personal needs: \_\_\_\_\_

Can your child be relied on to indicate his/her bathroom needs?  No  Yes

What word is used for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

Describe any problems with

Diarrhea: \_\_\_\_\_

Constipation: \_\_\_\_\_

Toilet training started: \_\_\_\_\_ Completed: \_\_\_\_\_

### **Sleeping Habits**

Does your child take naps?  No  Yes, please specify when: \_\_\_\_\_

Are there any sleeping problems?  No  Yes, please specify: \_\_\_\_\_

Does your child sleep with a favorite toy, blanket?  No  Yes; please list: \_\_\_\_\_

### **Goals**

What are some immediate goals you have for your child? \_\_\_\_\_





## Discipline Policy

We believe in positive classroom management techniques and the necessity for all children to assume responsibility for their own behavior. The age, intellectual development, emotional makeup, and past experiences will be considered in redirecting or guiding a child's behavior, and consistency will be maintained in setting rules and limits for children. Corporal punishment is not consistent with this objective and is prohibited at The Growing Place.

Our staff helps children learn what acceptable behavior is by:

- Modeling acceptable behavior
- Reinforcing appropriate behavior through verbal and non-verbal responses
- Avoiding negative comments or actions which might label or shame a child
- Offering choices or alternatives whenever possible and respecting the child's decision
- Helping children understand the natural and logical consequences of their behavior
- Developing and maintaining an appropriate environment and schedule which children know and expect

At those times when a child's behavior is unacceptable, the staff will do one of the following:

- Ignore the undesirable behavior when the behavior is not harmful
- Redirect the child's behavior without calling attention to the negative behavior
- Discuss the inappropriate behavior with the child to determine a solution
- Remove the child from the classroom
- Remove the child from the activity for one minute per year of the child's age (time-out)
- Discuss the behavior, investigate possible causes, and plan solutions with the parents.

Children display and will be exposed to a greater degree of aggressive behaviors in a group setting that in a home setting. This may take the form of biting, hitting, spitting, or kicking. Examples of milder forms of aggressive behavior are taking something away from another child, running indoors, refusing to do what the teacher asks, destroying something that belongs to another child, and exhibiting attention-getting behavior (such as making disturbing noises), improperly using materials (tearing a page of a book), annoying another child (teasing), and yelling indoors. The staff uses the described techniques to limit and correct such behaviors.

A partnership between the parents and the teacher will ensure children's growth in self-management. Parents are encouraged to discuss their child's behavior with their child's teachers at any time. Teachers will communicate about children's behaviors (appropriate and inappropriate) on a continual basis with children's parents.

*I have read and understand the Discipline Policy of The Growing Place.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Behavior Plan

The Growing Place believes in positive classroom management techniques. When a child has behavioral issues that are not resolved with the use of positive reinforcement in the classroom, the parent/guardian will be contacted to meet with the center director and teach to discuss a behavior modification plan that would help the child.

### Aggressive Behavior

1. If a child becomes physically violent, aggressive, and/or a danger to himself/herself or other children or adults in the classroom, a warning will be given to the child.
2. If the child continues the inappropriate behavior a second time, the child will be removed from the classroom to sit with the director until the child is able to calmly return to the classroom and the parent will be contacted. The director will discuss with the child and parent the consequence of being removed from the center for the day.
3. If there is a 3<sup>rd</sup> incident in one day, the child's parent/guardian will be contacted to come to pick the child up for the remainder of the day.
4. If a child is removed from the center more than 2 days in a given week due to physically violent or aggressive behavior, TGP will determine next steps for the child at the center or determine removal from the center.

### Biting Procedures

Even though biting is normal behavior for children of this age, it is not an acceptable one. Children who bite are not mean or bad, often they are frustrated by their inability to verbalize their feelings.

For the child that was bitten:

1. We comfort the child who was bitten. It is important to give this child a lot of love and attention.
2. First aid is given to the bite. It is cleaned with soap and water.
3. An Accident Report is completed by teacher and signed by teacher, director and parent. (A copy is given to the parent and a copy is kept in child's file.)

For the child that was biter:

1. We inform the biter of their wrong action by using phrases such as "No bite, biting hurts".
2. We redirect the behavior of the biter. We show the biter an alternative behavior so he/she learns to substitute biting with a positive behavior. We demonstrate how to pat and touch softly.
3. We remove the biter from the area to one that is less frustrating and engage him/her in an alternate activity.
4. A Parent Report is completed by teacher and signed by teacher, director and parent. (A copy is given to the parent and a copy is kept in child's file.)

When biting continues:

1. A teacher shadow is placed with the biter to help prevent further incidents.
2. The child will be monitored by classroom teachers and classroom procedures evaluated to determine what is causing the child to bite (teething, communication, frustration, etc.)

3. If the child bites 3 times in one week the director and teacher will conference with the parents to discuss a plan to modify the child's behavior.
4. After the first conference, if the child bites 2 more times, the child will be suspended for 2 business days and the parents will be asked to come in for a second conference to evaluate the original plan and modify as needed.
5. Following the second conference and suspension, if the child bites 2 more times, the parents will be asked to make other day care arrangements.
  - If a child, who has been through steps 3 and/or 4, goes 3 weeks without biting, we will go back to step three if the child bites again.

*I have read and understand the Behavior Plan of The Growing Place.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Photo, Field Trip, & Swimming Permission

**Photo Release** (Please initial beside the appropriate response.)

\_\_\_\_\_ I give permission for photographs that include my child to be used by The Growing Place for purposes of *center/classroom displays* that may include pictures being posted on the Center's website and advertisements.

\_\_\_\_\_ I give permission for photographs that include my child to be used by The Growing Place for purposes of *center displays only*. I do not give permission for my child's picture to be posted on any website or advertisement.

\_\_\_\_\_ I *do not* give permission for any photograph that may include my child to be used for any purposes.

**Field Trip Release** (Please initial beside the appropriate response.)

- I understand excursions on the church property are a part of the scheduled activities of the Center.
- I understand off-center ANNOUNCED field trips will be taken in the church's mini-bus and possibly city buses to various community sites.

\_\_\_\_\_ I give permission for my child to participate in excursions on church property and to participate in announced field trips.

\_\_\_\_\_ I *do not* give permission for my child to participate in any field trip.

**Swimming Release** (Please initial beside the appropriate response.)

\_\_\_\_\_ I give permission for my child to participate in swimming activities (swimming, boating, wading, or floating in water) when the activity has been previously announced and when the following staff:child ratios are followed: Birth to Two years 1:1; Two to Three years 1:2; Three to Four years 1:3; Four to Five years 1:6; and Five years and older 2:25.

\_\_\_\_\_ I *do not* give permission for my child to participate in swimming activities under any circumstances.

**Supervised Water Activities** (Please initial beside the appropriate response.)

- I understand that my child may participate in water activities such as play at the sensory table with water or playing in a water sprinkler outside.

\_\_\_\_\_ I give permission for my child to participate in supervised water activities that are not swimming activities.

\_\_\_\_\_ I *do not* give permission for my child to participate in supervised water activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization Form

I give permission for my child's teacher to apply diaper cream, ointment for cuts and scrapes, sunscreen and insect sting spray, as needed.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent Handbook Acknowledgement

By signing below,

- I acknowledge that I have received a Parent Handbook regarding policies of The Growing Place.
- I agree to adhere to the policies that are listed in the Parent Handbook.
- I understand that from time to time, policies will need to be revised, added or deleted from the Parent Handbook. Those changes will be given to parents through a letter or monthly newsletter.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## **Policies and Procedures Agreement**

I, \_\_\_\_\_, agree that I have read the Parent Handbook, along with the Discipline Policy, and I understand all of the policies and procedures of The Growing Place.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Tuition Contract for Infants (6 weeks - 12 months)

For my child, \_\_\_\_\_, I agree to pay The Growing Place the following tuition fee for child-care services. *(Please initial beside the applicable payment.)*

### Monthly payments due the fifth of each month by 6:00 pm.

\_\_\_\_\_ \$563.00 for five full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$355.00 for three full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$250.00 for two full-days (7am – 6pm) of care per week.

### Bi-monthly payments due the fifth and fifteenth of each month by 6:00 pm.

\_\_\_\_\_ \$291.00 for five full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$187.00 for three full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$134.00 for two full-days (7 am – 6 pm) of care per week.

### Please initial your agreement:

\_\_\_\_\_ I understand that if my payment is late, a \$50 late fee will be charged to my tuition account.

\_\_\_\_\_ I understand that if my tuition check is returned, a \$30 returned-check fee is due.

\_\_\_\_\_ I understand that if I fail to make two payments (unless other arrangements have been made with administration), child-care services will be terminated.

\_\_\_\_\_ I understand that a \$5.00 late pick-up fee is due the morning after I am late, if my child is picked up from 6:01–6:11pm. I also understand that a \$1.00 per minute charge is due for every additional minute after 6:11pm.

\_\_\_\_\_ I understand that I need to provide a two-week advance written notification of my child's last day of attendance at The Growing Place. If notice is given, refundable deposits paid at the beginning of services will be deducted from the final two weeks tuition cost. If notice is not given, The Growing Place will consider deposit payment for the final two weeks tuition costs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_





## Tuition Contract for Children (12 months – 4 years)

For my child, \_\_\_\_\_, I agree to pay The Growing Place the following tuition fee for child-care services. *(Please initial beside the applicable payment.)*

### Monthly payments due the fifth of each month by 6:00 pm.

\_\_\_\_\_ \$541.00 for five full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$491.00 for five full-days (7am – 6pm) of care per week for multiple child discount.

\_\_\_\_\_ \$344.00 for three full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$246.00 for two full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$281.00 for Preschool Half-day (5 days/week).

### Bi-monthly payments due the fifth and fifteenth of each month by 6:00 pm.

\_\_\_\_\_ \$278.00 for five full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$253.00 for five full-days (7am – 6pm) of care per week for multiple child discount.

\_\_\_\_\_ \$178.00 for three full-days (7am – 6pm) of care per week.

\_\_\_\_\_ \$130.00 for two full-days (7 am – 6 pm) of care per week.

### Please initial your agreement:

\_\_\_\_\_ I understand that if my payment is late, a \$50 late fee will be charged to my tuition account.

\_\_\_\_\_ I understand that if my tuition check is returned, a \$30 returned-check fee is due.

\_\_\_\_\_ I understand that if I fail to make two payments (unless other arrangements have been made with administration), child-care services will be terminated.

\_\_\_\_\_ I understand that a \$5.00 late pick-up fee is due the morning after I am late, if my child is picked up from 6:01–6:11pm. I also understand that a \$1.00 per minute charge is due for every additional minute after 6:11pm.

\_\_\_\_\_ I understand that I need to provide a two-week advance written notification of my child's last day of attendance at The Growing Place. If notice is given, refundable deposits paid at the beginning of services will be deducted from the final two weeks tuition cost. If notice is not given, The Growing Place will consider deposit payment for the final two weeks tuition costs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_