

THE EARLY CHILDHOOD CENTER PROGRAMS
LAB SCHOOL OF THE SCHOOL OF EDUCATION
of the
BROOKLYN COLLEGE CHILD CARE SERVICES, INC.
2900 Bedford Avenue 1604 James Hall Brooklyn, New York 11210
Tel: 718-951-5431 Fax: 718-951-4658

POLICY STATEMENT AND AGREEMENT

Parents who enroll a child in The Early Childhood Center Programs of Brooklyn College enter into a formal agreement with The Center. Please fill in, sign and return this form to The Center office.

This agreement is between The Early Childhood Center Programs of Brooklyn College and _____, parent/legal guardian of _____, for the duration of my child's enrollment in the program. I agree to the following terms and conditions:

1. I understand that **full time matriculated undergraduate students maintaining 12 credits or graduate students maintaining 6 credits** at Brooklyn College will receive priority for Center services. Faculty/Staff enrollment will be determined as per CUNY policy.
2. I will pay my childcare fees when due. I understand that if I withdraw my child from the Center before the end of the semester, I am liable for any outstanding unpaid fees. I understand that I will be responsible for the remainder of all fees for that semester, and the forfeiture of all monies paid.
3. I agree to provide complete medical records and current medical examination for my child according to the guidelines of the NYC Department of Health and Mental Hygiene. I give permission for authorized Center personnel to take my child for emergency medical care or treatment. I agree not to bring my child to the Center if she/he is ill or is carrying a communicable disease. I agree to pick up my child from the Center, when called, should he/she become ill at the Center. I understand that the ultimate decision for a child's attendance based on wellness is at the discretion of the teacher in charge, the Director and/or the Educational Director.
4. I agree to provide the Center with current school/work schedule, names of authorized escorts and emergency contacts and phone numbers. I understand that all authorized escorts must provide photo ID for each pick-up.
5. I grant permission for my child to be included in photographs and videotapes, and to take part in research activities connected with Brooklyn College and/or Center Programs. I further agree to all conditions as outlined on Consent I form.
6. Admission to the Center and continued enrollment and attendance of the child is at all times subject to the rules and regulations of the Center and the approval of the Directors. The Center may terminate this contract with 2 weeks prior written notice. Reasons for termination may include, but are not limited to: failure of parent to pay, failure of parent to complete required forms or otherwise abide by this agreement or the Center's policies, lack of parent cooperation, inability of the Center to meet the child's needs in order to protect the health and/or safety of the child and/or other children at the center, and inability to the child to adjust to childcare at the ECC.
7. I understand that all fees are subject to change. The Center agrees to notify the parent before any changes are made to this agreement. Parents must report, to the Center, any changes that affect their eligibility for childcare services, or their ability to keep these agreements. Failure to report any changes in eligibility status will result in termination of childcare services.
8. **I understand that by falling two or more weeks behind in my child's fee payments, the Center may terminate this contract with 2 weeks notice unless plans for payment of fees due are paid. If a check is returned, a returned check fee will apply and cash or money orders will be required. No child will be re-admitted to the ECC with an outstanding balance.**
9. **I understand that a stop will be placed on my Brooklyn College records if I fail to make fee payment commitments. This will affect my enrollment as a Brooklyn College student and/or my ability to obtain my BC student transcript.**
10. **I have read, understand, and agree to the "Policy Statement and Agreement."**

Date

Signature-Parent/Legal Guardian

Print Name-Parent/Legal Guardian

Center Director _____