

Resurrection Early Childhood Care

6819 Krycul Avenue- Riverview FL 33578

(813) 672-0077 Fax (813) 671-7844

Parent Agreement Form

I certify that I have received, read and understand the policies implemented by Resurrection Early Childhood Care by way of the Parent Handbook. I agree to adhere to all policies set forth.

I understand and agree with the payment schedule and fee schedule as well as the amounts defined for registration and tuition for my child/children.

I understand that for the health and well being of all children at Resurrection ECC my child will be kept or sent home if symptoms listed in the handbook are observed. I will promptly make arrangements for my child/children to be picked up from the center if any of the listed symptoms are observed during the school day.

I agree to drop off my child/children and pick up my child/children by the operating times of 7:00 a.m.- 6:00 p.m. I understand that failure to do so will result in the fees as listed in the fee schedule.

I further acknowledge that the Parent Handbook may amend at any time during the school year by way of distributed written memo.

Student's name: _____ Age: _____

Parent/ Guardian Signature

Date: _____