LYNDON PLAY & LEARN CENTER PARENT / PROVIDER ENROLLMENT AGREEMENT

I have received a copy of the Lyndon Play and Learn Center handbook. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in this handbook are not adhered to, it will be sufficient cause for the removal of my child/children from the daycare program.

	initial next to each item, ind not not or children and return.	dicating you unde	erstand and agree to th	ese policies for your enrolled
	I understand that I must p	rovide a complet	ed medical form to the	e daycare.
	I understand the pick-up p	olicy for other th	nan parental pick-up.	
	I understand the illness po	licy.		
	I understand the medication	on policy.		
		r every minute p	ast 5:30pm. Any call-o	otification of any schedule changes and the ffs after closing on Friday (weekend call-
	schedule. I may also call t	he Lyndon Play a aycare teacher w	nd Learn Center and sp vith a call-off or change	ors in advance of any changes in my child's beak with a daycare teacher or leave a in a schedule. Day care bills will no longe
		ycare program a	nd will pay the last two	aycare days) of my intent to withdraw my weeks charges in full when I give notice. ose final two weeks.
	•	t the Lyndon Pro	gress Center business o	(10 daycare days) and payment is due in office. I further understand that my daycar
	I understand that late fees	are assessed at	1 ½ % after 30 days of	invoice date.
LPLC R	epresentative	Date	Parent	Date