



Parental Agreement Summer Camp

Operation: Ivywood Academy agrees to provide services for my child, Monday thru Friday from the hours of 6:00 a.m. until **6:00** p.m. **For maximum supervision** of your child and the other children attending Ivywood Academy, we do not allow anyone to use their cellular devices, including Bluetooth, in this facility.

Nutritional Services: Ivywood Academy agrees to provide breakfast, lunch and/or an afternoon snack during the hours of attendance. I understand that breakfast is served from 6:30 a.m. to 8:00 a.m. I understand that a doctor's note must be provided for a child with a special diet, as per state requirement.

Medication: Ivywood Academy personnel shall not dispense prescription medication without specific written instructions from a child's physician stating the name of the medication and the amount to be given. Over the counter medications will be administered by a Ivywood Academy staff member. Ivywood Academy staff members will not administer any prescription medication that states the medication is to be given twice daily. A Medical Authorization/Record of Dispensation Form must be signed and dated by the parent. Medication shall be in the original container, labeled with the child's full name and sealed in a leak proof container. Authorization to dispense medication will be limited to a one (1) week period.

Illness: I understand that it is my responsibility, as per state requirement, to pick up my child from the center should he or she become ill, such as a temperature of 101 degrees or higher, diarrhea, undetermined rash or spots, upset stomach, severe coughing, sore throat, vomiting and etc. I understand that I have approximately one (1) hour from point of contact should I be called to pick up my child due to illness. I understand that should my child become sick during the day and be sent home that he or she must remain out of the center until the symptoms of the illness have completed their course and a minimum period of 24 hours has passed or the period as stated on the communicable disease chart has required. I understand that it is my responsibility to inform the center when my child has a communicable disease and furthermore that the center will notify parents when communicable diseases are occurring in the center.

Immunization: I understand that an immunization certificate (form 3231) must be provided upon enrollment to the center and that once enrolled I will provide the center with updated certificates should my child's certificate expire. I understand that without an immunization certificate (form 3231) my child will not be allowed to attend the center.

Additional Forms: I understand that I may have to sign the following permission forms: sunscreen, lotion, powder, cream, Vaseline, etc. participating in water related activities, forms for picture and fieldtrips.

Holidays: I understand that we will be closed Memorial Day, and Independence Day.

Dismissals: This center reserves the right to ask families to make alternative arrangements for care If you, the parent, are uncooperative in completing and returning forms, fail to pay your tuition on time, fail to follow any state or county regulations, have disorderly conduct or fail to follow any Ivywood Academy Policy or Procedure, it may be necessary to dismiss your child from our center. We also reserve the right to dis-enroll the family due to disorderly conduct of family members or if the child's needs cannot be met and he or she has not adjusted to group care provided by the center.

I understand that Ivywood Academy is an independently owned and operated facility, and no other center than the one whose name appears on the heading, is responsible for the actions and obligations of this center.

I READ, UNDERSTAND, AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF IVYWOOD ACADEMY AS OUTLINED IN THIS PARENTAL AGREEMENT.

Child's Name _____

Parent/Guardian's Signature _____ **Date** _____

Administrator's Signature _____ **Date** _____