

Child's full name:	Child's Date of Birth:
Parent or Authorized Guardian's name	e:
	Family Handle als
I have received the current Seedling's Es	Family Handbook  rly Learning Center family handbook and have read and understood the
	ortunity to ask questions about the policies in this handbook and I
	I may have about the handbook or its contents will be answered by the
	ree to and will comply with the policies, procedures and other guidelines
	at Seedling's Early Learning Center reserves the right to change, modify
	rules and regulations contained and described in the handbook as it
	thout notice. I understand that the latest version of the Seedling's Early des any previous versions of said handbook. I acknowledge that neither
the handbook nor its contents are an expense	
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Signature of Authorized Guardian	 Date
Signature of Authorized Guardian	Date
	Field Trip Permission
	Seedlings Early Learning Center to take my child for walks or rides in a
	perty of our location. This includes the upper and lower parking lots and
times.	eaching staff will maintain safety and visual contact of my child at all
unes.	
Signature of Authorized Guardian	Date
	Dhatagranh Darmigaian
Photograph Permission  I understand that photographs or images of my child may be taken as the teaching staff documents	
	authorize and agree that the photographs or images that are taken <u>may</u>
	for local media including, but not limited to Facebook, newspapers,
television, etc. I understand that I may request in writing that my child's photograph or image may not be used in	
advertising, media or web production.	
Signature of Authorized Guardian	Date
<u>Tuition Agreement</u>	
	e each Friday by 6:00 pm for the upcoming week and that nonpayment
	ayment fees as well as termination of care by Seedling's Early Learning s and I agree to pay tuition fees as scheduled in the event of my child's
	clement weather or other unforeseen event.
	pick up fee of \$1.00 per minute per child for every minute my child is at
	nd that my tuition fee covers ten (10) hours of care and that I will be
	per child for every hour that my child is at the center after ten hours per
day.	
My child's weekly tuition is:	
Signature of Authorized Guardian	Date