

Special Policy Agreement

I, _____ have read the *Hilltop Parent Handbook*.

I understand and agree to comply with all philosophies and policies of Hilltop School. This includes payment of all late tuition fees (\$20), return check fee (\$25), and late pick-up fee (\$15 per every 15 minutes late) for pick-up later than 5:30pm regardless of circumstances causing lateness.

CHILD CARE DISCONTINUATION POLICY

I understand that my child care may be discontinued for any of the following reasons:

- Failure to pay tuition
- Consistent late payments
- Failure to pay late fees
- My child's continued hurtful or disruptive behavior
- My failure to be cooperative and courteous
- My failure to provide accurate and necessary information

MILDLY ILL CHILD

I agree to pick-up my child or have my child picked-up when notified he/she is suffering from fever, diarrhea, vomiting or other symptoms indicating illness or injury.

I have read and am in agreement to all the policies listed above.

Child's Name _____

Parent's Signature _____

Date _____