

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 tuition payment(s) through **FACTS** including all late tuition fees (\$20), return check fee (\$30), and late pick-up fee (\$15 per every 15 minutes late) for pick-up later than 5:30pm regardless of circumstances causing lateness.

Change of schedule fee: First change is free, Second change is \$20 each child, Third and subsequent change is \$10 each child, within the school calendar year.

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_____

I GIVE PERMISSION FOR MY CHILD_____

FOR THE FOLLOWING ITEMS:

___1. To go on school sponsored field trips. I understand that I will be notified before these trips take place.

___2. To be observed by an early childhood education specialists, consultant or student intern for educational purposes.

___3. To be photographed at school and for the pictures to be published on the Hilltop's website, facebook page or in the local newspaper, and to be posted on the school bulletin boards.

___4. For Hilltop staff to apply the following topical non-prescription medications:

*Non-prescription medication can only be applied to a child with unbroken skin.

___ sunscreen

___ baby changing wipes

Parent Signature_____

Date_____