

Parent/Guardian Handbook Addendum for Purchase of Care

FOR ALL PURCHASE OF CARE (POC and POC PLUS):

- A 5 day notice is requested when withdrawing your children from the center, rather than a two week notice. The 5 day notice is not required, however, just requested.
- The center will give you a minimum of 5 days notice in the event that we request you withdraw your child. The notice is not required, however, if you are asked to withdraw your child due to something such as extreme aggression, violence, or anything else of a serious nature that puts our staff or other children at risk.
- The first week's tuition will be collected in advance. If this payment is made and the child does not enroll as planned, this dollar amount collected will be reimbursed in full.
- The following fees will be waived: late payment, annual replenishment, key fob deposits, registration fee
- Parent fees will not be charged on Martin Luther King Day, Good Friday, Veterans Day, the day after Thanksgiving, the day before Christmas Eve, Christmas Eve, the day after Christmas, and New Year's Eve.
- Parent fees will only be collected for center closures due to weather when those closures are for a Level II State of Emergency.
- Late pick up fees will not be charged until the time on the authorization has been exhausted.
- Once the allotted number of absent days has been exhausted, additional absences will not be charged.
- The State POC Program pays centers for a certain number of absent days only per child per month. The center reserves the right to unenroll a child for having absences in excess of the paid absences as allowable by the State to the center. Notice will be given to the family, explaining that their attendance needs to improve and be within the required parameters. If the attendance still does not improve, the child may be unenrolled. Please note that the notice given to families regarding their need to improve attendance starts the 5 day notification period.
- If your child's tuition account goes over 1 week without payment, Beginnings and Beyond may require interruption in care until the account is made current.

Child or Children's Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

FOR ALL PURCHASE OF CARE PLUS ONLY:

- I agree to pay Beginnings and Beyond a POC + fee in addition to any DSS parent co-pay fee I may have. Beginnings and Beyond will give me a worksheet with a breakdown of their charge, how much DSS pays and the fees that I must pay each week that we will both sign and agree to.

Child or Children's Name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____