



# ROYAL EDUCATION CENTER

## CHILDCARE SERVICES

Childs Name: \_\_\_\_\_

Date of admission: \_\_\_\_\_

I am aware that I received from the **Royal Education Center** the policies and I am committed to follow one and each of the policies. I understand that it is for the safety of our children as well as the best service we deserve.

Policies	Date	Initial
Hours of operation		
Enrollment procedures and immunization Requirements		
Discipline and Guidance Policy		
Registration/late payment		
Pick-up/Drop-off and late pick up/Release of children		
Meals and food practices		
Infant Safe Sleep		
Supplies		
Curriculum Goals/Program Goals		
Informal Assessment/Physical Activity		
Payments and Co-payments		
Rest periods (nap time)		
Parental notification/Procedure to update information		
Family participation, Activities and parent Belongings		
Clothing Guidelines Uniforms/Personal belonging		
Procedures for conducting health checks		
Illness and exclusions and procedures for dispensing medication		
Diapers or wipes		
Illness and exclusions/Procedures for dispensing medication		
Child Dismissal		
Disrespect any member or staff		
Transportation/Field trips		
Screen Time		
Water Activities		
No animals/NO toys		
Birthday parties		
Parents Survey		
Activities and parent visitation		
Licensing information/Abuse Neglect information		
Dangerous Person/Other disaster/Inclement Weather		
Outdoor play		
Dismissal		
Checklist of personal supplies		

I \_\_\_\_\_ agree to pay monthly supplies every 1st of the month

I \_\_\_\_\_ confirm that I received a Policy Handbook from **Royal Education**

**Center** for the care of my child \_\_\_\_\_ on \_\_\_\_\_

### Student videotaping and photographing permission form

Royal Education Center has permission to videotape or photograph my son/daughter. I understand that these videotapes or photographs will be used for instructional purposes, publicity and or presented to educators.

\_\_\_\_\_ Yes, my child may be videotaped or photographed.

\_\_\_\_\_ No, my child may not be videotaped or photographed while attending to center.

**Parent's Name:** \_\_\_\_\_

**Parent's emergency contact** \_\_\_\_\_

**Place of work and contact number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_  
**Date**

