

REGISTRATION AGREEMENT

Child's Name: Please initial each item below:	
I agree to make tuition payments on a prepaid basis according to the payment schedule. A late payment fee will be assessed for payment not received by the due date.	
I agree to give two weeks written notice when withdrawing fr	rom the center.
I understand that in the event of illness or any other absences, I will contact the center. No credit is given for missed days. If I don't call, I understand The Nurturing Nook will contact me regarding the whereabouts of my child.	
I give my permission for my child to participate fully in this pr & up) and on walks.	rogram, on field trips (2 yrs
I understand that if a MEDICAL EMERGENCY arises, the staff me. If I cannot be reached, the staff will contact the child's d immediate attention is necessary, the staff has my permission treatment.	loctor. If the emergency is such that
I agree to sign and initial my child in and out on the sign-in/o on all days of attendance.	out sheet daily located in the classroon
I am aware that the children are taken out on a daily basis we realize that I will be expected to keep my child at home if s/h	
I understand that The Nurturing Nook does not provide media injuries occurring at the center.	cal benefit coverage for
I agree to keep my child's health and immunization records u	p to date.
I authorize my health care provider to share health informatic Nurturing Nook.	on regarding my child with The
I understand that The Nurturing Nook, Inc utilizes the ASQ children's development and that I will be asked to participat	
I have read the Nurturing Nook Parent Handbook, and I agree Nook, Inc. Policies and Procedures. A current Parent Handbowebsite at: www.thenurturingnook.com .	
Signature of Parent or Guardian	 Date