Little Steps of Joy Academy Receipt of Policies & Rates

Please initial below:

_____I have received the Little Steps of Joy Academy Parent Policy Handbook. I have read and agree to all of Little Steps of Joy Academy policies and procedures. I have received all information on how to contact the local licensing office, abuse hotline and website. My signature also verifies I have read and received a copy of Little Steps of Joy Academy Discipline and Guidance Policy.

_____I have reviewed and understand Little Steps of Joy Academy rates, late pickup rates and late payment penalty policy. I understand a nonrefundable fee means funds will not be refunded under any circumstance.

_____I acknowledge receipt of the sick/illness policy. My signature verifies that I have read the policy and agree to provide a doctor's note to the Little Steps of Joy Academy staff if requested and/or in compliance with the sick/illness policy. I agree to keep my child from attending per request of the Little Steps of Joy Academy staff and in accordance to the sick/illness policy**. I agree that if I am called to pick my child up from Little Steps of Joy Academy due to illness, I will do so within 30 minutes from the time that I am contacted by Little Steps of Joy Academy staff.**

_____

Child's name

_____ _____

Parent/guardian name Parent/guardian signature Date