

DYNAMIC LIFE CHRISTIAN SCHOOL
1600 John Marshall Highway, Front Royal, VA 22630
(540) 636-9595

ENROLLMENT CONTRACT PG 2
Summer Program 2020

Family Name _____

Primary Emergency Contact (available while child is at school) _____

Cell _____ Work _____

Email _____ Home _____

Name (List eldest student first)	Circle Day(s) of Week Attending	Circle Time of Drop Off	Circle Time of Pick Up
Child 1 _____	M Tu W Th F	7:45 - 8:00	3:00 - 3:30
Child 2 _____		8:00 - 8:30	3:30 - 4:00
Child 3 _____		8:30 - 9:00	4:00 - 5:00
		9:00 - 9:30	5:00 - 5:30

SICK POLICY:

We know that managing the demands of work can be challenging when your child is ill. We strive to limit the spread of communicable disease in our centers and are committed to implementing policies that balance and respect the needs of children, families, and staff in these circumstances. Dynamic Life Christian School understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary either to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child.

(Initials)

- 1. I acknowledge that my child's temperature will be taken daily upon arrival to Dynamic Life Christian School and they will not be permitted to attend if they have a temperature of 100 degrees or higher or exhibit any symptoms of illness.
- 2. I understand that I need to have arrangements in place for my child to be picked up within 30 minutes of Dynamic Life Christian School contacting me to pick up my child due to illness or other reason.
- 3. I understand that I will not be eligible for reduction in tuition for days my child is sent home or unable to attend due to illness.
- 4. I understand that my child needs to remain home for at least 24 hours without symptoms or symptom relieving medication before returning to DLCS, unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before the child can return.
- 5. I acknowledge that the final decision on whether to exclude a child from the program due to illness will be made by the child care center.
- 6. I agree to notify DLCS of any changes to my child's schedule in advance whenever possible, understanding that this will help with scheduling staff to provide care for my child while adhering to mandatory guidelines.
- 7. I have read and will abide by school policies as stated in the D.L.C.S. Summer Handbook.

Parent Signature: _____