

Cyber Ed Learning Center Parental Agreement Form

Please check "Yes" or "No" to the following statements:

- ❖ I agree to view the Parent Handbook online at ecybered.com. If I do not have access to the internet, I will ask for a copy of the Parent Handbook. Yes____ No____
- ❖ I have been informed of and understand the policies and procedures of Cyber Ed Learning Center Yes____ No____
- ❖ I have received and returned all enrollment forms Yes____ No____
- ❖ I have submitted a copy of my child's vaccination record Yes____ No____
- ❖ I have had my child's physician complete a medical exam or I have attached a copy of my child's last medical exam. (Only to be accepted if exam occurred within the last year.) Yes____ No____
- ❖ I agree to keep an open line of communication with the staff of Cyber Ed Learning Center and expect the same in return. Yes____ No____
- ❖ I agree that monthly tuition payments are to be made on the first school day of each month and that a late charge of \$10.00 will be applied on the 10th of the month and again on the 20th of the month if my account is still not paid. Yes____ No____
- ❖ I agree to give the director 2 weeks written notice of withdrawal, during which time I will be responsible for payment. Yes____ No____
- ❖ I agree that should my child participate in enrichment classes, I will pay those fees prior to the start date of such classes. The Director will notify me of any upcoming classes as they become available. Yes____ No____
- ❖ I agree for my child to be transported by a staff member or emergency vehicle in the event of an emergency. Yes____ No____
- ❖ I understand and agree to the discipline management of the center. Yes____ No____
- ❖ I understand that the program is open according to the official school calendar of the Moore County School District, and is closed during vacations and inclement weather. Yes____ No____
- ❖ I understand that in the event of any absences during program hours, activities, I will be responsible for fees for time reserved, not actual time spent at the program. Yes____ No____
- ❖ I will update my child's file in writing with any information that has changed such as address, phone numbers, emergency contact info, medical info, and release info. Yes____ No____
- ❖ I agree to the policies stated here and in the Parent Handbook and give my child permission to fully participate in the program. Yes____ No____

Child's Name _____ Date of enrollment _____

Parent/Guardian's Name _____ Date _____

Signature of Parent/Guardian _____