

**CYBER ED'S Parental Agreement/Pre-Admission Form**

Please check "yes" or "no" to the following statements, sign your name and return one copy to the director. Any changes to these policies will be given in written notice 30 days prior to enforcement/activation.

	Yes	No
I agree to view the Parent Handbook online at ecybered.com. If you do not have access to the internet, I will ask for a copy.	_____	_____
I agree that it is the responsibility of both the staff and parents to keep an open line of communication. And give updates of personal information. I will update my child's file information as outlined in the Parent Handbook	_____	_____
I understand that tuition payments are due the first day of each month and a late chare of \$10.00 will be added if not paid by the 10 <sup>th</sup> of the month. And again on the 20 <sup>th</sup> if my account is still not paid. Full Time Preschool pays on the Friday before the week of care.	_____	_____
I agree for my child to participate in enrichment classes & will include payment with tuition prior to class date.	_____	_____
I agree for my child to be transported by a staff member in an emergency situation. I understand that the policy for administering 1 <sup>st</sup> aid is applying a band aid and water to clean the wound.	_____	_____
I understand that the Program is open according to the official school calendar of the Moore County School District, and is closed during vacations & inclement weather days. Hours of operation are posted and that all legal holidays are taken. The center is also closed the week of the 4 <sup>th</sup> of July and the week of Christmas. (Exception: Full time Pre School)	_____	_____
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.	_____	_____
I agree to give the director 2 weeks written notice of withdrawal, during which time I will be responsible for payment.	_____	_____
I have been forth coming with any learning or behavior issues related to my child. Ie: Traumatic events in their life, death in family, divorce or learning disabilities. I understand and agree to the discipline management policy of the center.	_____	_____
I have received and returned all registration forms along with the registration fee and the health forms along with current immunization records..	_____	_____
I have been informed of and understand the policies and procedures of Cyber Ed Learning Center.	_____	_____

I agree to adhere to the stated policies and procedures of Cyber Ed Learning Center as stated here and in the Parent Handbook, and give my child permission to participate fully in this program.

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Director \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_