

Roots and Fruits Program Contract

Thank you for your interest in the Roots and Fruits Program. We have compiled a list of ideas to be used with your help and cooperation in creating a healthy learning program for your children.

1. Before entering the Roots and Fruits program, all children must have a completed registration card and health forms accompanied by a \$35, non-refundable registration fee and first week's payment.
2. I agree that I will do my best to have my child arrive by 9:00 AM. Each child must be walked directly into Roots and Fruits, (by an adult) to their classroom teacher, and make contact with him/her there.
3. I agree that my child will be dropped off/picked up (by an adult) on time for the hours he/she is registered for.
4. Closing time is 5:30 PM. We ask parents to arrive before 5:30 p.m. and have their children ready to leave by our closing time. I agree to pay a late charge of \$1.00 per minute that I am late for scheduled pick up time. To support our staff, please call if you know you will be late.
5. I understand that I need to notify Roots and Fruits Staff if my child is going to be absent, or away from Roots and Fruits for any length of time, due to vacation or illness.
6. I understand and agree that there are no refunds or credits, for any and all absences, holidays, sick days, vacation days, and weeks taken by either the child or Roots and Fruits Program and closings due to bad weather.
7. I understand that Roots and Fruits Preschool has a sliding scale option for families in need. If I need financial assistance I will speak with the Director to explore options.
8. I understand that on my child's registration form I have decided on a payment schedule. I agree to pay my child's tuition in one payment per month, on or before, the first registered day of the month, or in four or five payments per month, on or before, the first of each week. A late fee of \$5.00 per day will be charged if your payment is late. Fees are subject to change, a one month notice will be given. (Please count the number of Mondays in each month to note how many weeks you will pay in your monthly fee. There are some months with five weeks.)
9. I agree that if my check is returned INF, I will pay the \$25.00 returned check fee.
10. I agree that if I take a vacation, my child's tuition will be paid prior to my leaving.
11. I agree to notify Roots and Fruits two weeks in advance, in writing, if I plan to withdraw my child from Roots and Fruits. Payment by parent/guardian is due for the notice period, whether or not the child is brought to the program. A two-week notice will be given if your child experiences any extreme adjustment problems. Parents will be advised during this two-week trial period if we feel there are any concerns.

12. I agree to sign the daily attendance book in my child's classroom, state regulations state that each child must be signed in and out each day by an adult.
13. Please notify us in advance if someone other than the usual person is to pick up your child from Roots and Fruits. Please record this in the designated daily attendance book with one of the staff. If this is done by telephone, we will call you back to verify. Any person not authorized on your child's enrollment form to pick up will need written permission from a parent or guardian to remove your child from the center. Any person not introduced to the staff by a parent or guardian will need to show a picture ID when picking up your child.
14. Sick children will be required to stay home, please refer to the Parent Bulletin Board for the "sick child" policy. I understand that if my child becomes ill, Roots and Fruits Staff will notify me and ask that I pick my child up as soon as possible. I agree that if my child is seen by a doctor for an illness, he/she must return with a note from the doctor indicating the illness, duration, medication he/she is on, and if he/she is contagious. My child must remain home for 24 hours after the medication has been started.
15. I agree to check the designated Parent Information Boards, to remain up to date on all policies, activities, and announcements.
16. All children will need a change of clothing to be left at school. Full-time children will need a small blanket, a small pillow with pillow - case, and any other special sleeping items that will comfort them. Please label all articles brought to school, and put into a small bag. Blankets and pillow - cases are to be washed weekly.
17. Full-time children will be required to participate in a 2-hour rest period every day.
18. I understand that I must dress my child according to the weather (boots, coat, mittens, etc.) We plan to go outdoors daily.
19. I agree that I will pay for field trips.
20. During inclement weather, watch Channel 8 to see if Portland or South Portland Schools are closed. If Portland schools are closed, Roots and Fruits will be closed. If Portland/SoPo Schools are not closed, Roots and Fruits may still have a one to two hour delay, so check listings.
21. If an emergency occurs that requires hospitalization, I understand that Roots and Fruits Staff will call me immediately, my child will be transported by ambulance to the emergency room at Mercy Hospital, and Roots and Fruits Staff will call my physician. If the Staff cannot reach my physician, they will notify their physician, Dr. Pulsifer of South Portland, ME.
22. I agree that in case of disaster the children enrolled in Roots and Fruits will be brought to a safe neighbor's house or Plaza 29 Convenience Store where I will be notified of the problem and the steps taken to resolution. (Please see Parent Handbook with more thorough details of emergency procedures.)
23. I understand that the Roots and Fruits Staff are mandated reporters, as required by the State of Maine's Department of Human Services, and that any physical injuries that are not explained to the staff or any disclosure of abuse or neglect by a child will be reported to Child Protective Services.

24. Not every program is right for every child. If the Roots and Fruits staff feels that the program is not a good fit for my child, I understand that he/she will be dismissed with 2 weeks notice. I also understand that no notice will be given for extreme circumstances in which the safety of my child, the other children, or the Roots and Fruits staff is in jeopardy.
25. I agree to pay \$ _____ per month/per week. For preschool program/child care services for (Child's Name) _____. During the hours of _____ for the days _____.

Parent or Legal Guardian # 1 Signature:

_____ Date: _____

Parent or Legal Guardian # 2 Signature:

_____ Date: _____

If you have any questions or concerns, please feel free to contact one of our staff. Come in and observe! We have an open door policy! Volunteer, and set up mini-projects in your area of interest. You will have fun and so will the children.