



Parent Policy Forms

Parent Policy Agreement

As a HOPE GROWS CHILD DEVELOPMENT CENTER parent, I have met with the Center Director and viewed the HOPE GROWS CDC Family Handbook, I agree to comply with and support all Hope Grows Child Development Center policies and procedures, including but not limited to the following:

- Be financially responsible, keep my account and/ or subsidy current and **pay late fees of \$25 per weekly late payment/ per child** if my account is not current.
- Pick up my child no later than closing time and **pay late fees of \$2 per minute late/ per child** (in cash at time of pick up) if I do not. **Hope Grows 1 closes at 6:00p.m, Hope Grows 2 closes at 6:30p.m. and Hope Grows 3 closes at 6:30p.m. as of November 1, 2023.**
- Check my child in every day on the Family Electronic Application, provided by the Center.
- Adhere to the Center's ill child policy and the 24 hour "symptom-free" rule.
- Pick my child up promptly in case of an injury or illness while at the Center.
- Follow medication dispensing regulations and complete all related forms.
- Keep my child's immunization and child file current and provide copies of any updates to the HOPE GROWS office.
- Regularly attend all parent conferences and/or meetings requested by the Teacher.
- Read all information provided/shared with HOPE GROWS parents.
- Use the Parent Information Board, Newsletters and Family Electronic Application to stay informed of updates.
- Keep all my family telephone numbers, emergency information and other enrollment information current.
- Be willing to learn and grow as a parent and increase my knowledge of child development.
- Provide the Center with diapers, formula, breast milk, baby food, special foods, change of clothing or anything else necessary for my child's care.
- Discuss my concerns and keep open communication lines with my child's teacher and the Center seeking to avoid problems and misunderstandings.
- Respect all HOPE GROWS staff.

I understand that failure to abide by HOPE GROWS policies and procedures may result in termination of my child's enrollment. Failure to abide by HOPE GROWS Center policies can include ignoring state licensing rules and regulations; not keeping your account current; aggressive, loud, and argumentative interactions with a Center employee; harassment of center staff (including sexual harassment); hostile phone calls, voice mails, faxes, or email communications.

Above all, HOPE GROWS reserves the right to maintain a harmonious and safe environment for the children.

Parent's Name: _____

Signature: _____

Date: _____

Child/ Children's Name: _____



Parent Policy Forms

Release Form for Photo or Other Media Recording

1. Consent. I, the undersigned, as parent / guardian of the child(ren) named below (each, a “Minor”) do hereby consent to Minor being photographed and/or recorded by HOPE GROWS and its employees and designees (the “Releasees”) and to Minor being identifiable in the resulting media, regardless of type, including, without limitation, digital and analog photography, film and videography (with or without sound), and sound recordings (the “Media”).
2. Authorization and Waiver. I authorize HOPE GROWS to use the Media and Minor’s voice and/or likeness for the following purposes:
 - For HOPE GROWS’ center boards, family electronic application, and for internal use by HOPE GROWS and its staff.
 - For documenting Minor’s progress and conducting child portfolios for conferences, accreditation, and displaying photos on HOPE GROWS’ boards.
 - For promoting Hope Grows Child Development Centers, including without limitation use on HOPE GROW’s website and social media presence, including without limitation Facebook, Instagram, Twitter and/or LinkedIn. HOPE GROWS agrees not to label any images of Minor used for these promotional purposes with Minor’s name.

I authorize the reproduction of Minor’s voice and/or likeness in any form now existing or yet to be invented. I waive any right to inspect or approve the finished images, videos, advertising copy, artwork, materials, or other audio or visual matter resulting from the Media’s implementation, use, or manipulation, whether in its original form or processed, altered, blurred, distorted, combined with, or used in conjunction with any other media.

3. Release. I completely and forever release any current and future financial interest in and any physical or intellectual control of the Media to the Releasees and Releasees’ heirs, successors, and assigns so that HOPE GROWS may use the Media without any compensation to Minor or me.

By signing below this release, I affirm that I am at least 18 years of age and have the right and authority to contract on behalf of the Minor. I have read this entire document, understand its contents, and agree to the rights and responsibilities it defines. This release agreement shall be binding upon me, my heirs, legal representatives, successors and assigns.

Parent/Guardian Name: _____

Child/Children’s Names: _____

Date: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature: _____



Parent Policy Forms

Parent and Guardian Permission Form/Handbook Receipt 🧑🧒

The relationship between parents and teachers contributes to the sense of trust developing in each child at **HOPE GROWS**. Parents and teachers have complimentary roles and responsibilities in making a child's experience in a group setting of the highest possible quality. The Center will provide developmentally appropriate practices and instruction for all students. To confirm that you are able to accept them, sign, and return the form below to the Center.

1. I agree to participate in parent-school activities, including parent-teacher conferences.
2. I will do my best to keep teachers informed of changes at home and at work.
2. I understand that my child will be observed and will participate in training and research projects approved by the Center. I will be informed of any special projects in which my child may be involved, particularly if they interact individually with the researcher.
3. **I give the Center permission to photograph and use photographs of my children in the development of videos, published materials or news releases. I also give HOPE GROWS staff permission to photograph or video my child for the purposes of Center and classroom boards, assignments, accreditation, etc.**
4. I understand that if my child is unable to function in a group setting, they may be asked to undergo diagnostic assessment and may be referred to another agency for assistance. If these resources are not able to provide the necessary assistance, alternative sources of care will be suggested.
5. I understand that **HOPE GROWS CHILD DEVELOPMENT CENTER** will strive to provide developmentally appropriate care for my child. I know that I am encouraged to observe and participate in my child's classroom at any time and am expected to communicate daily with the staff.
6. **By signing below, I acknowledge that I have received a copy of the HOPE GROWS Family Handbook and agree to comply with it's rules and regulations for families.**

Child/ Children's Name: _____

Parent/Guardian: _____

Administrator's Signature: _____

Date: _____

Assigned Classroom: _____