



Virginia Marx  
Children's Center  
at Westchester Community College

**Westchester Community College**

**General Agreement for Student-Parents**

Parents Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

1. During the \_\_\_\_\_ semester, my weekly fee will be \$ \_\_\_\_\_ for my child. A two week non-refundable security deposit will be given to secure a spot for my child. My schedule for payments will be every four weeks as follows:

	Date	Amount
Sec. Dep.	_____	_____
1 <sup>st</sup> payment	_____	_____
2 <sup>nd</sup> Payment	_____	_____
3 <sup>rd</sup> Payment	_____	_____
4 <sup>th</sup> Payment	_____	_____

I understand that if my child is not picked up promptly, I will be charged \$25.00 for every fifteen minutes, or part of fifteen minutes, I am late. If the problem recurs the Center will not be able to continue to accommodate my child.

***2. The following people are allowed to pick up my child:***

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. I assume full responsibility for my child en route to and from the Virginia Marx Children's Center at Westchester Community College. I understand that no transportation is provided by the Center.
4. I give permission for my child to participate on field trips.
5. I agree to keep the Center informed about where and how I can be reached. However, in the event I cannot be reached the following person can be contacted during the day:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

6. I understand that morning and afternoon snack are provided to all children at designated times, and that breakfast is also provided for those children at the Center at 7:00 AM.

***Please circle appropriate days of care:***

Days of Care: Mon                  Tues                  Wed                  Thurs                  Fri

Hours of Care: from \_\_\_\_\_ am    to \_\_\_\_\_ pm

***Please circle appropriate meals received during days of care:***

Meals received while in Care:

Breakfast                  am snack                  Lunch                  pm snack

Parent Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_