



Consent Form

I, _____ give consent to enroll my child _____ and to cooperate with all the policies of which I have been advised regarding fees, transportation, and the services provided by New Wonders Learning Center, Inc. and the Office of Children and Family Services Regulations under which it operates.

I give consent for my child to take part in field trips or excursions away from the facility under proper supervision.

I give permission to New Wonders to make whatever emergency (first aid, disaster, evacuations, etc.) measures are judged necessary for the care and protection of my child under the supervision of the center.

I give permission to seek emergency medical treatment for my child in the event that I cannot be contacted.

I give permission for my child to be photographed.

I give permission for my child to receive over the counter topical lotion and or sunscreen during school hours.

I assume full responsibility for my child en route to and from the center.

I agree to pay the sum of _____ per week to New Wonders Learning Center, Inc. for child care services rendered. Tuition is due the Friday prior to the week of service. A \$25.00 late fee per week will be assessed on the Wednesday of service.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date