

Please initial each line to indicate that you have read and agree to each policy.

_____ **Daily Check-in and Check-out**

- I agree to check (swipe) my child in and out each day.
- I understand that waiting and back-swiping for multiple days is not allowed.

_____ **Approving Missed Check-in and Check-out Times**

- Should Hawthorne staff need to add a missed check-in or check-out time, I agree to approve the time within 48 of being notified.

_____ **Parent Financial Responsibility**

- I understand that failure to swipe, back-swipe, or approve my child's times will result in not payment from the Family and Social Services Administration (FSSA).
- I understand that, if payment is not made by FSSA, I am responsible for paying my child's tuition (\$50/week for school age and \$100/week for PreK).

_____ **Communication with Third Parties**

- I understand that communication with outside agencies, including the FSSA and Firefly, is my responsibility.
- I understand that I am responsible for knowing the status of my CCDF or OMWPK benefits and the price of my copay.

By signing below, I agree to abide by the above policies.

Printed Name: _____

Date: _____

Signature: _____