



Parent Policy Agreement

As a HOPE GROWS CHILD DEVELOPMENT CENTER parent, I have reviewed the HOPE GROWS CDC Handbook, I agree to:

- *Comply with and support all Hope Grows Child Development Center policies and procedures.*
- *Be financially responsible, keep my account current and pay late fees if it not current.*
- *Pick up my child no later than 6:00pm and pay late fees if I do not.*
- *Check my child in and out every day.*
- *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 forms.*
- *Keep my child's immunization current and provide copies of any updates to the office.*
- *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 and Newsletters to stay informed*
- *Keep all 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.*



Embracing Equality and Diversity
Family Handbook

R/ 2019

I understand that failure to abide by HOPE GROWS policies and procedures may result in my child's enrollment termination. Disregard of Center policies can include: ignoring state licensing rules and regulations; not keeping your account current; aggressive, loud and argumentative interactions with a Center employee; 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's Name: _____

Location # 1
Hope Grows Child Development Center
9845 Lost Knife Road
Gaithersburg, Maryland 20886
301-990-3170

Location # 2
Hope Grows Child Development Center
20111 Century Blvd Suite -A
Gaithersburg, Maryland 20874
240-246-7835