



Register at: www.getreadyssetgrowchildcare

Email at: getreadyssetgrowchildcare@gmail.com

Phone: 402-572-9394

Fax: 402-505-6692

Provider ID for subsidy: 54699108

Get Ready Set Grow Childcare Enrollment Agreement

Enrollment Date: _____

Parent Acknowledgment & Agreement

Please read each statement carefully and initial in the space provided to indicate your agreement.

All Families

_____ I will download the **Procare Parent Engagement App** and enable notifications on my phone. I understand this is the primary communication tool between home and school.

_____ I have read, understand, and agree to follow the policies and procedures outlined in the **Get Ready Set Grow Childcare Family Handbook**.

_____ I will submit a copy of my child's immunization records upon enrollment and provide updated copies as required. Immunization records can be faxed to **402-505-6692**.

_____ I understand that **Get Ready Set Grow Childcare closes at 6:00 p.m.**, and I will ensure my child is picked up by that time. If I am unable to do so, I will notify the center via the **Procare Parent Engagement App** or by phone. I agree to pay any applicable late fees by the next business day and understand that repeated violations may result in termination of enrollment.

_____ I will notify Get Ready Set Grow Childcare via phone, email, or the **Procare Parent Engagement App** if my child will be absent.

_____ I understand that if my child attends for **10 hours or more per day**, an additional charge will apply.

_____ I will communicate effectively with staff, recognizing that we are a team working together for the success of my child. I understand that management is available to discuss any concerns.

_____ I agree to provide **a two-week written notice** to management if I choose to disenroll my child from Get Ready Set Grow Childcare.

_____ I will ensure that all **contact information (emails, phone numbers, emergency contacts)** remains current so the childcare staff can reach me as needed.



Register at: www.getreadyssetgrowchildcare

Email at: getreadyssetgrowchildcare@gmail.com

Phone: 402-572-9394

Fax: 402-505-6692

Provider ID for subsidy: 54699108

Title XX Families

_____ I understand that it is **my responsibility** to keep my **Title XX authorization current**. If my authorization lapses, I am responsible for any childcare charges incurred after the discontinuation date.

_____ I agree that my **family fee is due the first week of each month**, unless I have made alternative arrangements with management.

Parent Pay Families

_____ I understand that **weekly childcare payments** are due on the **first day of the school week**. If payment is not received by the **second day**, a **\$10 late fee** will be applied in addition to my tuition. Failure to pay may result in termination of childcare services.

_____ I agree to set up **automated weekly payments** for childcare fees.

Parent/Guardian Signature

By signing below, I confirm that I have read and understand the above policies.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____