# Guardian Contract

_____
(child's name)

_____
(child's name)

_____
(child's name)

This contract defines the agreement between Compass Early Learning and Care _____
(Location)

and _____ for care provided for the above-named child(ren).
(Guardian's's Name)

## Terms and Conditions

1. I support the purpose of the Corporation by being a Full Member of Compass ELC, as outlined in the Family Handbook.

2. I am interested in becoming a member of the Board of Directors.

3. I agree to read and comply with Compass Early Learning and Cares' policies and procedures as stated in the Family Handbook.

4. I will provide current medical and dietary information on my child(ren) and will provide immunization and other medical updates as they occur. I understand medication will only be administered to my child(ren) when the appropriate form is completed in full and signed by a guardian, and signed by a medical practitioner when required. Additional food outside of the menu plan will be consistent with Compass Early Learning and Care Nutritional Guidelines and Allergy Alerts posted in the program.

5. In the case of my child's illness, I agree to follow Compass Early Learning and Cares' policy regarding sick children as stated in the Family Handbook.

6. I hereby agree to give two weeks written notice upon withdrawal of my child(ren) from the program, or to pay one week's fee in lieu of notice in which case my child(ren) will not attend. This policy is also applicable when changing from one program to another, or if there is a change in hours of care.

7. I agree to pay fees to Compass Early Learning and Care in accordance with the policies outlined in the Family Handbook and the current fee schedule. I understand that if my account is in arrears and acceptable payment arrangements are not made, child care will cease. I agree to pay all costs, service charges, agent fees and any other costs that occur in pursuit of collecting my overdue account with Compass Early Learning and Care.

8. I release Compass Early Learning and Care from liability for accidents that occur while my child(ren) is enrolled in a program operated by Compass Early Learning and Care (except in the case of negligence).

*Our privacy protocols, including storage, retention and destruction of personal information comply with Canadian and Provincial privacy legislation and the Child Care & Early Years Act. Collection, use and disclosure of information will only be used in relation to providing child care.*

Dated at _____ (city) on the _____ (day) day of _____ (month) 20 _____ (year)

| | |
|---|---|
| (Guardian Name Printed) | (Guardian Signature) |
| (Administrative Lead/HCC Representative Name Printed) | (Administrative Lead/HCC Representative Name Signature) |
| Sheila Olan-Maclean | |
| (CEO) | (CEO Signature) |