



Policies & Procedures  
Parental Contract

Please read the contract carefully, sign and return with registration packet.

1. I understand that any and all records containing names, addresses, and information pertaining to my child and/or his/her family that may identify my child will be kept secure under lock and key at all times.
2. All children will be tracked by their individual teacher upon arrival (sign-in) throughout the day until departure (sign-out).
3. I understand that tuition is assessed annually and is due even when a child is absent or when the academy is closed for all or part of the week (such as, but not limited to, holidays and inclement weather days). You are required to pay your child's tuition even if you choose to keep your child out for any length of time.
4. I understand that tuition is due before services are rendered every Monday morning unless you choose other payment schedules that include biweekly or monthly. If tuition payment is not paid by Tuesday morning of the week it is due, you will receive a letter stating your child may not return until total payment is made.
5. I understand that any unsettled debt may result in my child's enrollment termination and another child enrolled in his/her place.
6. I understand that a \$30 return check fee will be assessed for a check that is returned indicating insufficient funds. Your child may not return until the return check fee and total amount of check is paid in full. After receiving 1 returned check, you will be required to pay by cash, money order or credit card for all payments thereafter.
7. I will notify the academy of any change in address (home or business), or telephone numbers including emergency contacts.
8. I understand that I (or assigned designee-17 yrs old or older) must bring my child into the academy and sign him/her in and out each day. The academy's responsibility for my child begins after he/she is signed in and ends when he/she is signed out by an appropriate designated person.

9. I understand as a parent/guardian, I have free and full access to Intelligence Refined Academy unless a court order stipulates otherwise. I understand that during any visit to IRA, it must not disrupt instructional activities or workcenter routines or I may be asked to leave the facility.
10. I understand that if I pick my child up after the academy's closing time: 6:00pm (by the academy clock) a penalty will be charged as follows:
  - 1<sup>st</sup> tardy: \$10 for the first 5 minutes and \$1 each additional minute
  - 2<sup>nd</sup> tardy \$15 for the first 5 minutes and \$1 each additional minute
  - 3<sup>rd</sup> tardy \$20 for the first 5 minutes and \$1 each additional minute
  - 4<sup>th</sup> tardy: TERMINATION OF SERVICESAll fees must be paid by the end of the next business day (no acceptions)
11. I agree to keep my child's immunization schedule up to date and understand that failure to do so may result in my child's dismissal for the safety of all the children and staff of the academy.
12. I agree to give the academy 2 weeks notice if I decide to withdraw my child from the academy and I will ensure that all payments due upon withdrawal will be paid in full by the end of my child's last day.
13. I give Intelligence Refined Academy permission to photograph my child and any photographs taken of my child will be used privately within the academy for educational purposes only and will not be exposed inappropriately to any given sites with the understanding that his/her privacy will be respected and honored. I also understand that any photos taken of any child other than my own by myself or any parent of the academy will be forwarded to the academy and I do not have permission to display any photograph of that child other than my own in any manor.
14. I understand that my child will not be allowed to leave the academy with anyone whose name is not listed with the academy, unless the teacher is notified in advance by the parent/guardian of that child regardless if the child knows such person. If the parent/guardian is unable to be reached, the academy will contact an appointed person provided by the parent/guardian from the approved listings to obtain and approved release of the child.
15. I give permission for my child, age 3 and older to go on field trips sponsored by IRA. Information concerning specific field trips requiring my consent will be sent home prior to any activities and planned field studies. I understand that during a field trip each and every child will be accounted for prior to loading and unloading of children at every location.
16. I give permission for my child to participate fully in the educational program.
17. I agree to participate fully in academy/home relationships, including: workshops, parent/teacher conferences, and/or other parent/child events.

18. I give permission for personnel to obtain emergency medical care for my child. I have provided a hospital of choice and I am aware that my child will be transported by a staff member of IRA unless an ambulance is necessary in the best interest of the child. I am aware that a staff member of IRA will accompany my child with the necessary records to the emergency location and will stay with my child until parents/guardians arrive. I will, to the best of my ability, consider suggestions made by the medical or instructional staff of the academy and I will be notified immediately. I will provide a copy of my child's insurance card annually to ensure there is no delay in care in the event of an emergency.
19. I have read and understand the Evacuation plan/Emergency Preparedness handout. I understand this information and documented staff training is readily assessable to myself and the staff of IRA at all times.
20. I understand the on call nurse for IRA is an active licensed nurse in good standing with the SC State Board of Nursing and will be used at my discretion for medical questions and concerns for my child attending IRA ONLY. Any information obtained will be used solely to provide medical advice (within their scope of practice) and education in the best interest of my child. I understand it is ultimately my decision concerning my child's health to seek medical attention or not and any information obtained to me will not be considered as diagnosing or treatment of my child.
21. I understand that corporal punishment is never allowed in the academy. Parents will be required to pick up their child on each occasion when the child is disruptive and beyond control or if the situation impacts the safety of the child or other children. I understand that continuous (more than 3 occurrences) non-compliant behavior will result in dismissal from the academy.
22. Uniform dress is required for age 30 months and up and is optional for 30 months and under. All students and early learners are asked to wear kacki or navy blue pants along with a solid color shirt of the rainbow. Quiet shoes are mandatory provided by IRA and should be changed upon arrival and departure for all IRA walkers. These shoes should remain at IRA and should only be worn indoors. Each child will be assigned a cubby upon admission for proper storage. Customized shirts will be available for purchase through IRA but will not be required.

Please provide this page with your registration packet for our records

I have read the policies and procedures/parental contract of IRA, and I understand and agree to abide by all of its conditions for the duration of my child's enrollment at Intelligence Refined Academy. I understand these policies are provided in the best interest of the children of IRA and will help provide a safe and nurturing environment needed to refine the intelligence of each and every child. I understand that if I disagree with any of the information provided, I may choose to decline agreement and seek childcare elsewhere.

Print Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by Staff Member: \_\_\_\_\_