



Embracing Equality and Diversity
Parent Policy Agreement

Parent Policy Agreement

As a HOPE GROWS CHILD DEVELOPMENT CENTER parent, I have met with the Center Director and viewed 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 and/ or subsidy current and pay late fees of \$25 per weekly late payment/ per child if my account is not current.
Pick up my child no later than closing time and pay late fees of \$2 per minute late/ per child (in cash at time of pick up) if I do not. Hope Grows 1 closes at 6:00p.m, Hope Grows 2 closes at 6:30p.m. and Hope Grows 3 closes at 6:30p.m. as of November 1, 2023.
Check my child in every day on the Family Electronic Application, provided by the Center.
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 and child file current and provide copies of any updates to the office.
Regularly 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, Newsletters and Family Electronic Application to stay informed of updates.
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.

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: _____

Hope Grows at Lost Knife
Location 1
9845 Lost Knife Road
Gaithersburg, MD 20886
301-990-3170

Hope Grows at Century
Location 2
20111 Century BLVD- A.
Germantown, MD 20874
240-246-7835

Hope Grows at Frederick Rd
Location 3
19757 Frederick Road
Germantown, MD 20876
240-912-4294



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Parent and Guardian Permission Form/Handbook Receipt

The relationship that evolves between parents and teachers contributes tremendously to the sense of trust that is developing in each child. Parents and teachers have important complimentary roles and responsibilities in making a young child's experience in a group setting of the highest possible quality. Therefore, the Center will provide developmentally appropriate Practices and instruction for all students. If you feel that you can accept them, sign, and return the form below to the Center.

1. I agree to participate in parent-school activities, including scheduling parent-teacher conferences. I will do my best to keep teachers informed of changes at home and at work with suggestions made by the instructional staff.
2. I understand that my child will be observed and will participate in training and research projects approved by the Center. I will be informed of any special projects in which he/she may be involved, particularly if she/he interacts individually with the researcher.
3. **I give the Center permission to photograph and use photographs of my children in the development of videos, published materials or news releases with the understanding that our privacy will be respected and honored. I also give teachers and students permission to photograph or video my child for the purposes of classroom assignments.**
4. I understand that if my child is totally unable to function in a group setting, he/she may be asked to undergo diagnostic assessment and may be referred to another agency for assistance. If these resources are not able to provide the necessary assistance, alternative sources of care will be suggested.
5. I understand that **HOPE GROWS CHILD DEVELOPMENT CENTER** will strive to provide high quality and developmentally appropriate care for my child. I know that I am encouraged to observe and participate in my child's classroom at any time and am expected to communicate daily with the staff.
6. **By signing below, I acknowledge that I have received a copy of the Family Handbook which contains all rules and regulations for families.**

Child's Name: _____

Parent/Guardian: _____

Administrator's Signature: _____

Date: _____

Assigned Classroom: _____

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Release Form for Photo or Other Media Recording

_____ **(Yes or No)**

Intials **Circle** I, the undersigned, do hereby allow Hope Grows Child Development Centers and it's owner, director and staff members to take photographs, video or digital recording of my minor child/children (listed below) for the purposes of center boards, family electronic application or photos that will be used internally only.

_____ **(Yes or No)**

Intials **Circle** I agree that Hope Grows Child Development Centers and/ or it's staff members listed above may use these photographs and recordings for it's website, Facebook, Instagram, Twitter and/or LinkedIn accounts now or in the future, solely for the purpose of promoting Hope Grows Child Development Centers. I further agree that my child may be identified in the posting and/or my child/children may be revealed therein by descriptive text or commentary. I agree for Hope Grows Child Development Centers and/or it's staff members listed above to take pictures of my child during activities, on fieldtrips, events in my child's classroom, and in the Center for purposes of documenting their progress and conducting child portfolios for conferences, accreditation, and displaying photos on the Center's boards. My child will never be labeled or identified by legal name by Hope Grows Child Development Centers on any media forms.

_____ **(Yes or No)**

Intials **Circle** I waive any rights, claims, or interest I may have to control the use by Hope Grows Child Development Centers of my child/children or likeness in whatever media used.

_____ **Intials** For my minor children, I hereby release and forever discharge Hope Grows Child Development Centers and it's owners and staff members, from every claim, demand, damage, right or cause of action of whatever kind or nature which is related to the acquisition and use of the photographs and recordings.

_____ **Intials** I understand that there will be no financial or other remuneration for photographing, recording and/or identifying my child/children, either for the initial or for any subsequent publication, transmission or playback.

By providing my signature below, I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this release.

Parent/Guardian: _____

Child/Children's Names: _____

Date: _____

Address: _____

Phone Number: _____

Parent/Guardian Signature: _____

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