<u>POLICY SIGN OFF SHEET</u> (one child per form) Mountain Top Children's Museum

Child's Name:	
 I understand that ALL my child(ren)'s paperwork is due on the first day of Liability Waiver Information Form Medical Statement. Allergies & Other health concerns may repaperwork Copy of Immunization Card / or Waiver This Policy Sign off Sheet 	
I understand that cancellations need to be made 1 week prior to date er to receive a full refund.	nrolled Initial
I understand that there are no Sick days or Make up days.	Initial
I understand that if I sign my child(ren) up after 5:30pm the night before availability, that I will be charged. Local: Drop-in rate of \$55/child. Guest: TBD.	e and there is Initial
I understand that payments are due at the beginning of each month, that payment is applied to my child(ren)'s last month of attendance, AND that a payment by check or cash is preferred. (If this is not possible please let us know ASAP and we will work with you	
I understand that pick up time is by 5:30pm and that I can be charged a \$1 / minute / child. (Please call ASAP and do not be a repeat offender to avoid this charge).	late fee. Initial
I have read and agree to the MTCM's Parent Policies and Procedures.	امندنما
I understand that MTCM may take my child on Summit County's public tr field trips that I sign them up for or any other given day I send my child	
Parent/Guardian Signature:	