
ROGERS-PIERCE CHILDREN'S CENTER

75 Pleasant Street, Arlington, MA 02474
Tel. (781)646-5280 FAX (781)646-5295

CONTRACT

I wish to enroll my child, _____ in the Rogers-Pierce Children's Center. I understand that the center will provide comprehensive care including snacks.

I agree that as part of my responsibility as a parent, I will:

- attend parent conferences twice per year as scheduled
- attend parent-teacher meetings
- become involved in support of the center through fund-raising activities, clean-up and classroom projects, etc.
- bring any concerns about my child or the program to the attention of my child's Teacher or the Director
- follow the policies of the Rogers-Pierce Children's Center as outlined in the Parent Handbook, Registration policies, and others deemed necessary by the center throughout the year.

Parent / Guardian Signature

Date

RPCC Representative Signature

Date

I hereby give Rogers-Pierce Children's Center permission to use my child's photograph (without name) in articles, advertising, website or newspaper accounts regarding the Rogers-Pierce Children's Center.

Child's Name

Parent / Guardian Signature

Date