

Permission to Photograph



I, _____, give permission for _____ to
 (Parent or Guardian name) (Family Matters) photograph my child,
 _____, for the following purposes:
 (Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on Family Matters' website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on Family Matters' Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility's website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

ENROLLMENT CONTRACT

It is my/our desire to have my/our child/children enrolled in the Play+ program at **Family Matters Florida**.

I/we have received a copy of the **Family Matters** policy handbook. I/we have read, understand and agree to abide by the policies contained therein. While **Family Matters** aims to help children learn and develop positive social and emotional skills through Play+ classes/play groups, I understand that the classes/play groups provided by **Family Matters** are not preschool equivalent classes and that Play+ is not a licensed school program in the state of Florida.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/we understand the Play+ class fees are _\$25/per class___ unless otherwise stated in a promotion.

_____ I/we understand payment is due upon arrival. If you have purchased a membership with Play+ your payment date can be found below.

_____ I/we understand that classes are approximately 1.5-2 hours long and if my child is under the age of 3 years old I/we will stay on the premises.

_____ I/we understand that if my child is over the age of 3 years old I can leave the premises for the duration of the class but must be back to pick up my child by the end of class time listed on the printed calendar.

_____ I/we understand the pickup policy for other than parental pick up.

_____ I/we understand the illness policy.

_____ I/we understand the meal policy (Family Matters will not provide your child with food or drinks unless otherwise specified on a class by class basis. .

_____ I/we understand the behavior policy and understand that the Development Specialist will use evidence-based strategies to help guide my child through difficult or challenging behaviors.

_____ I/we understand the returned check policy.

_____ I/we understand that I/we will make all payments membership payments on the _____ of each month.

Family Matters of Florida

Parent

Date

Parent / Provider Contract

Child(ren): _____

- I have read the Family Matters Play+ Handbook and agree to comply with all policies and procedures.
- I have read the Family Matters Play+ and agree to comply with all policies and procedures except as noted below and discussed with provider:

I have signed a membership contract for _____.

This includes:

_____ Play+ Classes/ Week

_____ Play+ Free Plays/Month

My typical hours are:

Monday _____ am/pm to _____ am/pm

Tuesday _____ am/pm to _____ am/pm

Wednesday _____ am/pm to _____ am/pm

Thursday _____ am/pm to _____ am/pm

Friday _____ am/pm to _____ am/pm

Average Weekly Hours: _____

Therefore my monthly flat rate is \$ _____ and is due on the _____ of each month. I understand that a \$5.00 late fee will be added for each day my payment is late. If I wish to cancel my membership, I must do so 7 days before my payment is due. If I do not cancel by this time, I will be billed for that month and will be able to continue classes for that duration.

For example:

If your payment is due on 10/10 and you notify us to cancel on 10/08 you will still be billed for 10/10. We will cancel your account for the month of 11/11 and you will be able to attend classes between 10/08-11/10.

Parent Signature

Date

Provider Signature

Date

connect. play. develop. support.

family matters

Support + Home

Connect + Home

Book:

Materials:

Develop + Home

Play + Home