



ENROLLMENT REGISTRATION AGREEMENT

Child's Name _____ Date of Birth _____

Parent's Name _____ Marital Status _____

Address _____

Home Phone: _____ Cell Phone _____

E-Mail Address: _____

Siblings: _____

Special food Habits: _____ Special medical needs: _____

Allergies: _____ Referred By: _____

Enrollment Status

___ Full Time Enrollment- 5 days per week ___ Part Time Enrollment - ___ Days per week

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

Authorization for Pick Up

In order to ensure the safety of your child, we would like to know exactly who is able to pick up the children. Please print all information

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

*If someone other than those listed on my emergency contact list needs to pick up my child from the center I will be required to provide *in writing* signed authorization for them to do so on each occasion that it occurs.*

We will ask all authorized persons to show a staff member a photo I.D. upon arrival at the center.

I _____ authorize all persons listed to pick up my child on an ongoing basis from the center.

Parent/Guardian Signature: _____ Date: _____

SECTION 1: TUITION AND FEES

- _____ **REGISTRATION FEE:** There is a non-refundable Registration Fee of \$_____ shall be paid in full prior to my child's first day of attendance at the center.
- _____ **TUITION and MODIFICATIONS CONDITIONS:** \$_____ per week is the current tuition rate for the program I have chosen. In order to qualify for part time care my child must attend no more that 3 day *and* no more than 25 hours for each service week. Rates are subject to change with reasonable notice as conditions require.
- _____ **PAYMENT OF TUITION:** Tuition is due and payable, on the first day of attendance each week. Tuition fees are based on enrollment not attendance for each week. Appropriate alternate Tuition Fees must be paid during school breaks to account for the additional time my child is receiving care.
- _____ **VACATION AND ABSENCES:** I am responsible for paying ½ of the weekly tuition amount for my child if they are absent for the entire week. Each family is provided one vacation week per year of enrollment. This week must be requested two weeks in advance to the administrator.
- _____ **EXTENDED ABSENCES:** If my child is absent for more than 2 weeks without notification he/she will be automatically withdrawn from the program. Re-enrollment as well as a new registration fee will be required for my child to reenter the program.
- _____ **DELINQUENT/LATE ACCOUNTS/RETURNED PAYMENTS:** If payment in full is not received when due, a late payment fee of \$5 per week that tuition is not received will be charged. A fee of \$40 will be charged for all returned checks due to insufficient funds. All late fees are subject to change with reasonable notice. If my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.
- _____ **AGENCY REIMBURSEMENT:** I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement and that payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes is my responsibility. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.
- _____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ am to _____ pm, Monday through Friday all year, except for holidays. If I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$20 for the first 15 minutes and an additional \$1 per minute per child for late care. I understand this late fee must be paid in full before my child (ren) can return to the center. If a child is left late at the center on more than 5 occasions during any twelve month period enrollment can be terminated immediately.
- _____ **ADDITIONAL FEES:** School age programs will be open during breaks according to the local public school calendar. Children attending during scheduled school breaks will be required to pay a separate Activity Fee for attendance. During the academic year school age children (receiving JFS assistance) who are transported by the center will be required to pay an additional transportation fee. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees will be my responsibility. Please consult the Director for details.
- _____ **DISCOUNTS:** If I have more than one child enrolled and attending from my immediate family, a _____% discount (private pay families only) from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.
- _____ **WITHDRAWAL FROM THE PROGRAM:** I understand that I must provide the center 2 weeks written notice prior to withdrawing my child. If correct notice is not provided, all tuition and fees for those two weeks will be due whether or

not my child attends. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing any re-enrollment application.

SECTION 2: DAILY PROCEDURE

- _____ **DAILY SIGN-IN AND SIGN-OUT:** My child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.
- _____ **CONSISTENCY OF CARE:** In order to appropriately staff I must inform the center no less than 24 hours in advance if there are to be any changes to the days/hours that my child will be in attendance.
- _____ **ILLNESS:** I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the re-admission criteria in the Parent Handbook.
- _____ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.
- _____ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

SECTION 3: JOB AND FAMILY SERVICES/AGENCY REIMBURSEMENT (JFS Applicants ONLY)

- _____ I applied on _____ to receive assistance from Job and Family Services (Title XX).
- _____ My child must be approved and active in the center's Title XX system *before* my first day of attendance at the center.
- _____ I am contracted through my local Job and Family Services office to swipe my children for the hours and days they are in attendance each week. If I fail to do so, the private pay tuition rate for the age group in which my child receives care will be applied to my account and I will be required to pay that before returning to the center.
- _____ Job and Family Services will provide a swipe card for each family receiving care. This will be my means of tracking attendance for my children. I understand that it is the center's policy that I swipe my child in and out each day to ensure accurate time records.
- _____ It is the center's policy that all families meet their assigned JFS hours on a weekly basis. If my child is authorized Full Time I must meet a minimum of 25 hours per week and if my child is authorized for Part Time I must meet a minimum of 7 hours per week. All school age children receiving before and after care are required to meet a minimum of 7 hours each week.
- _____ Job and Family Services allot 10 absent days for every 6 month period your child is in attendance at the center. If I use all of the absent days allotted to my child before the 6 month period ends I will be solely responsible for paying the full tuition for the days missed by my child.
- _____ If I exceed my hours provided by Job and Family Services I will be charged an additional fee by the center to cover the cost of additional care provided to my child.
- _____ If I do not complete my child's swipes for the current week by each Friday my account will be charged a \$10/child failure to swipe fee. This fee must be paid no later than the following Monday morning before drop off in order for my child to receive any additional care.

Parent/Guardian Signature: _____

Date: _____

Administrator Signature: _____

Date: _____