

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child: _____

Parent/Guardian Name: _____

Date of Admission: _____ Date of Withdrawal: _____

Please initial each section listed below, then sign and date the last page.

Section 1: Tuition & Fees

___ REGISTRATION FEE: A \$100.00 non-refundable fee will be paid in advance for all single children enrolled in the program. A \$150.00 non-refundable fee will be paid in advanced for all families enrolled in the program.

___ TUITION: \$ _____ per week will be due on the first day of attendance each week. I understand that my tuition will be paid regardless if my child comes to care or not. I also understand that if I do not pay my tuition on time there will be a \$5.00 per day late fee added to my account.

My child will be in: _____ program.

Days: (check all that apply) ___M ___T ___W ___TH ___F From: _____ am/pm to _____ am/pm

___ Sibling Discounts: We offer a 10% discount on the oldest child's tuition when two or more children are enrolled in the program FT.

Discounts are not applicable on any agency co-pays.

___ Late Pick up Fee: The center closes at 6:00 p.m. Monday-Friday all year. I understand that there will be a \$1.00 per minute charged to any family that comes after 6 p.m. Payment is required at the time of pickup.

___ Returned Check Fee: I understand that any check that is returned non-sufficient will be charged a \$40.00 fee payable by the end of the week. All uncollected tuition must be paid by the start of the following week, or you must speak to the director to set up a payment arrangement before the start of the following week.

___ I understand that _____ services be will be provided at an additional fee if applicable.

Section 2: Persons to Whom Child Can be Released To

___ I agree that the people listed below are allowed to pick up my child from care in the event I am unable to or in case of an emergency

Name: _____

Name: _____

Name: _____

Section 3: Policies

___ I understand that in the event my child gets sick during the day I will pick my child up, or have someone on my emergency contact form pick them up promptly. All children with fevers of 101, vomiting, diarrhea, unexplained rashes, and pink eye must be symptom free for 24 hour without Tylenol or Motrin before returning to care. The only exception to this rule will be a doctor's note.

___ I understand that all medication will be accompanied by a doctor's note in the event the medication is needed at school.

___I understand that the teachers may take photographs of my child during the day to use in their portfolios or other projects in the classroom. The pictures will never be sent home with another family and will be given to you when we are finished with them.

___I understand that we will be closed New Year's Eve, New Year's Day, Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving, Black Friday, Christmas Eve and Christmas Day (depending on when the Holiday falls during the year) If a Holiday falls on the weekend, it will be observed on either the preceding Friday or the following Monday. I understand that I am responsible to pay my tuition even though the center will be closed.

___I understand that it is the company's intention to be open and provide care everyday throughout the year, excluding holidays, but in the event of inclement weather or natural disaster I will be responsible for paying my child's tuition weekly, exceptions may apply in extreme circumstances.

___I understand that I am responsible for updating my child's records whenever changes occur, or every 6 months at a minimum and a copy must be given to the daycare in order to comply with state regulations. All medical forms must be updated at the time of a well visit.

___I understand and agree to pay any legal fees incurred at Kids Creative Care if an attorney or collection agency is required to collect any unpaid tuition.

___I have received a copy of the handbook and understand that I must return the signature page once I have read through the policies.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Director's Signature: _____

Date: _____