NEW BEGINNINGS PRESCHOOL

ENROLLMENT AGREEMENT

***Initial by each statement***

\_\_\_\_\_\_\_\_\_\_Registration is $50.00 for Single child enrollment or $75.00 for 2 or more children enrollment.

\_\_\_\_\_\_\_\_\_\_The center is open from 6 a.m. to 6 p.m., Monday through Friday. The center will be closed in recognition of the following holidays: New Year’s Day, Martin Luther King (MLK) Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day and Day after Christmas, 2 floating days for staff development (TBD). Please see the Center Director for information on when your center will be closed for these training days. \*There is NO reduction in tuition for these days\*.

\_\_\_\_\_\_\_\_\_\_All tuition is expected to be paid by Friday in advance of services rendered. If fees are not paid by 6:00 pm on Tuesday of the current week a $25.00 late charge will be assess.

\_\_\_\_\_\_\_\_\_\_I agree to pay the full tuition fee even if my child is absent for one or more days; however, for each full calendar week my child is absent, the tuition fee will be discounted 50% as a reservation fee.

\_\_\_\_\_\_\_\_\_\_Each family is entitled to one (1) vacation/sick week per calendar year of enrollment

\_\_\_\_\_\_\_\_\_\_Accounts two weeks past due may result in termination of enrollment. Only upon full payment of account will enrollment be reinstated.

\_\_\_\_\_\_\_\_\_\_I agree to notify the center staff by 9:00 am when my child is absent.

\_\_\_\_\_\_\_\_\_\_I acknowledge that cut off time for DROP OFF is 9:30 am. No child will be accepted after that time without prior phone call or conversation letting the center know to expect the child late that day.

\_\_\_\_\_\_\_\_\_\_I understand a late dismissal charge of $1.00 per minute, per child is enforced for all children picked up after 6:00 pm.

\_\_\_\_\_\_\_\_\_\_A return check fee of $35.00 will be charged to my account with each occurrence.

I have received a copy of the parent handbook. I acknowledge that I have read and understand all of the policies stated within this parent handbook. I have had an opportunity to ask questions, and will direct any further questions or concerns to the Center Director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Print Name Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Provider Print Name Provider Signature Date