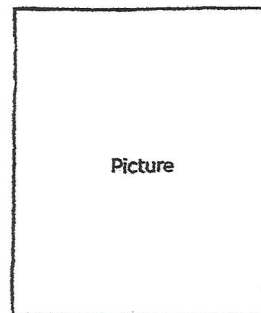


# Enrollment Registration Information

Pages 1 and 2 must be updated every January and July.

Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)

School Code: 84-1884318  
Date of Registration: \_\_\_\_\_  
Date of Termination Status: \_\_\_\_\_



## Child Information

Name of Child (Last, First, Middle Initial): \_\_\_\_\_  
Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_  
Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian  
List the family members your child lives with—include names and ages of siblings: \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

## School-Age Information

Does your child attend school?  Yes  No Elementary School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_  
School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_  
School Transportation Provided By:  Elementary School  Parent/Guardian  Teen's Family Childcare  Other  
Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

## Primary Contact and Release Persons

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_  
Driver's License Number/State: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_  
Driver's License Number/State: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Enrollment Registration Information

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

## SECTION 1: TUITION AND FEES

\_\_\_\_\_ **BASIC SERVICES:** I understand that Tecora's Family Childcare provides childcare and development services for families with children 6 weeks to 12 years of age. Enrollment ages may vary by availability

\_\_\_\_\_ **REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

\_\_\_\_\_ **TUITION AND MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days (Check all that apply):  M  T  W  TH  F From \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$ 5 per day that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that 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:** In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that 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 also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. 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. Unless my state prohibits disclosure of such information I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 12:00 a.m. to 11:59 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

\_\_\_\_\_ **ADDITIONAL FEES:** School-age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the director for details.

\_\_\_\_\_ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 5 % discount 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.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If my school uses TeleCheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, TeleCheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

## SECTION 2: DAILY PROCEDURES

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that 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. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_ **ILLNESS:** I understand that 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 *Family 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.

Original—Remains in Packet    Yellow Copy—Parent

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Rev 4/2018 Parent/Guardian Initial \_\_\_\_\_

# Enrollment Registration Information

**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.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new *Enrollment Agreement* at the current rate and pay a new non-refundable Registration Fee at the current rate. 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 a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

**HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or Presidents' Day for in-service training. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness). A reservation fee of .0% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the director, if possible. I agree to pay the reservation fee of \$\_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments

## SECTION 4: STATE LICENSING AND OUR POLICIES

**ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the *Family Handbook*, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

**FAMILY HANDBOOK:** I have received a copy of the *Family Handbook*. I have read and understand its contents and policies and agree to be bound by same.

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original—Remains in Packet    Yellow Copy—Parent

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_