

Children's Safari Policies and Enrollment Agreement

Name of Child (Last, First, Middle Initial): _____

Date of Birth: _____

First Day of Enrollment: _____

Parent/Guardian Name: _____

PLEASE INITIAL EACH SECTION LISTED BELOW, THEN SIGN AND DATE THE LAST PAGE

SECTION 1: TUITION AND FEES

____ **REGISTRATION FEE:** Registration fee is an annual and non-refundable fee. I agree to pay a registration fee of \$____ that shall be paid in advance of my child(ren)'s enrollment.

____ **TUITION and MODIFICATIONS:** \$____ 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 requires. The school follows specific requirement time frames on tuitions and modifications notice.

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

Days: (check all that apply) Monday Tuesday Wednesday Thursday Friday

____ Tuition refund credits or make up days will not be granted

____ **PAYMENT OF TUITION:** I understand that Tuition is due and payable every FRIDAY before the following week. Appropriate alternate Tuition Fees must be paid during closed days.

____ **LATE OR UNPAID TUITION:** I understand that if tuition is not paid in full on Friday a late fee charge of \$25 will be added to my account. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notice. I understand that if my account is delinquent for more than a 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 The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.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 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 promptly communicating any changes in my status that would affect my agency reimbursement, and 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 change.

____ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** I understand \$1 per minute charge will be added to my account for every minute pass 6:00 p.m. until my child is picked up. *Children's Safari Learning Center* reserves the right to contact Child Protective Services or the police department if pick up runs past 6:30 p.m.

SECTION 2: HOLIDAYS, ABSENCES AND CLOSINGS

____ **HOLIDAY SCHEDULE:** *Children's Safari Learning Center* will be closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. I agree that I will not receive a refund, credit or any 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:** I agree to inform *Children's Safari Learning Center* 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).

____ **VACATIONS:** I understand that *Children's Safari Learning Center* will allow a child care tuition waiver benefit for absences after 3 full months of enrollment. It will be equivalent to a full day of one week of enrolled days for every 6 months of attendance on days the center is open. I understand that at the end of each six months, the days will be lost if they are not used. I will schedule time in advance to avoid any miscommunication.

SECTION 3: DAILY PROCEDURES

Children's Safari Policies and Enrollment Agreement

_____ **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. No child will be admitted if they exhibit any of the following symptoms within 24 hour prior to attendance:

- Fever of 100° F or higher
- An undiagnosed rash or sore
- Discharge from the eyes, ears or nose
- Vomiting or diarrhea within the past 24 hours
- Any other symptom of a communicable disease

_____ **PHOTOGRAPHS, VIDEOS AND CHILD'S NAME:** *Children's Safari Learning Center* May May not use photographs, to place around center, website, albums, marketing, and/or in copies to other families in our care.

_____ **VIDEO SURVEILLANCE:** I am aware that there are 24 hour Security Cameras in all classrooms and outdoor play areas. *Children's Safari Learning Center* may conduct video surveillance of any portion of its premises at any time, the exception being private areas such as restrooms and changing tables. I understand that the 24 hour video surveillance system will be for internal purposes only.

_____ **SECURITY SYSTEM:** I understand that each family authorized to enter into the classroom area of *Children's Safari Learning Center*. Will have their fingerprint scanned and own four digit code registered into our computer system. Each authorized person must enter this code for the door to unlock for them. The computer is our official and legal check in system required by state. It also provides important information of exactly who is in the building in case of any emergency.

_____ **INTERVIEWING CHILDREN AND INSPECTION 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.

_____ **DIS-ENROLLMENT 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 from the program, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. 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 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES & 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 regulations, and the Parent Handbook, 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.

_____ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understood 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 policies 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 program or service. Information concerning the provisions of the Americans with disabilities Act (ADA), including the rights provided there under, is available from the director.

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

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Children's Safari Policies and Enrollment Agreement

Director Signature: _____

Date: _____