First Metropolitan Infant Development Center & Christian Academy

ENROLLMENT AGREEMENT
FINANCIAL TERMS AND CONDITIONS

Name of Child:
Date of Birth:
Parent/Guardian Name:

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

SECTION 1: TUTION AND FEES

_____**Registration Fee**: I agree to pay a Non-Refundable Registration fee of $**75.00** for my child **($25.00** for each additional child) at the time of enrollment.

_____ **Tuition and Modification Conditions**: $_____ per week is the current tuition rate of the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

I have enrolled my child in the following program:

_____

Days (Please check all that apply) □ M □ T □ W □ TH □ F From _____am/pm to _____ am/pm

_____ **Payment of Tuition**: I understand that tuition is due and payable, on the **first day of attendance each week**. Tuition must be paid during school breaks

_____ **Late Tuition:** If tuition is not paid prior to 9:00 am on the next school day, a late fee of **$30.00** will be added to the tuition until paid in full. I understand that that if my account is delinquent for more than **3 days**, my child will not be permitted to class until my account is made current.

_____**Charges and Procedure for Late Pick Up:** The center will be opened from **6:30am to 6:30pm**, Monday to Friday. I understand if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of **$1 per minute**, per child, until the child is picked up. The late fee charge is due at the time of pick-up or no later than the following day, **in cash**, upon arrival at the center. Failure to pay late charges may result in the termination of your child's services from the program

_____ **Returned Checks**: I understand that a processing fee in the amount of **$30.00** will be charged to my account for all checks, which are returned for any reason. The center reserves the right to refuse any future check payments after repeated occurrences.

SECTION 2: DAILY PROCEDURE

_____ **Daily Sign-In and Sign Out**: I understand to sign my child in and out every day using the school's attendance procedures. 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 and pick up my child.

_____ **Illness**: I understand that I will be notified should my child become ill during the day, and I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification.

_____ **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.

_____ **Withdrawal from Program:** I understand that I must provide a two (2) week written notice of withdrawal from the program. I also understand that tuition is non-refundable if I choose to withdraw my child from the program

_____ **Behavior:** I understand that if the center determines that my child is not adjusting to the program, my child may be refused enrollment and this agreement will be terminated at the discretion of the Director.

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **Holidays**: I understand that the school is closed on the following holidays: New Year's Eve, New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas's Eve and Christmas Day. I agree that I will not receive a refund, credit or any other allowance for holidays.

_____ **Absences/Vacation:** 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). 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.

_____ **Inclement Weather or Other Disasters:** I understand that it is the center's intention to be open and provide child care 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/natural disaster. I agree that in the event 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 & 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 FMIDC Handbook, and all other company polices, which may be modified at any time, without notice. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all Policies and state regulations.

_____ **FMIDC Handbook**: I have read the Frist Metropolitan Infant Development Center and Christian Academy Handbook. I understand its contents and policies and agree to be bound by the same.

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 Printed:

Director Signature:
Date: