

Angel Haven Early Childhood Center Tuition and Policy Contract

Child's Name (Last, First, Full Middle) (please print above)

Enrollment Date

Child's Date of Birth

Start Date

Primary Parent/Guardian (Last, First, M.I.)

Primary Cell Phone Number & Email (please include area code)

TEXT IS OK

Secondary Parent/Guardian (Last, First, M.I.)

Secondary Cell Phone Number & Email (please include area code)

TEXT IS OK

Contracted Hours and Days of Enrollment:

M _____ T _____ W _____ Th _____ F _____

Weekly Tuition (for office use only) : _____

A non-refundable one time enrollment fee of \$25 has been paid. _____

A non-refundable deposit of \$ _____ (one week's tuition) has been paid. I understand that this deposit will be applied towards my child's last week of attendance, if the required two-week written notice of termination is given.

Departure Date: _____ Deposit Applied To: _____

Reason for Leaving: _____

Vacation Plan Choice (please circle one): PLAN 1 PLAN 2
(see AH Parent Handbook for details)

Please initial beside each statement to acknowledge that you understand the terms of enrollment:

_____ I understand that a late pick-up fee of \$5 for the first 10 minutes and \$1 for each additional minute will be applied to the next week's tuition and Department of Family Services may be contacted if the child has not been picked up 30 minutes past closing time.

_____ I understand tuition is due and payable on Friday of each week prior to care and if not paid by the following Monday there is a \$5 late fee, assessed daily. I understand that if payment is not made by Wednesday of the same week my child may be disenrolled and not accepted for care. A new enrollment fee of \$25 may be required for my child to be re-enrolled.

_____ I understand there is a returned check charge of \$20 and cash may be requested for subsequent tuition payments.

_____ I am aware of the scheduled holidays and understand that tuition remains the same during these weeks.

_____ I understand the "sick policy" and agree not to bring my child for care under the conditions listed in the Parent Handbook. I have 1 hour to pick up a sick child if called by staff.

_____ I understand that my child/children must be signed in and out each day that they attend Angel Haven.

_____ I have been provided and have read the entire Angel Haven Parent Handbook and agree to all terms and conditions of said Handbook.

_____ I have met with the Director of Angel Haven regarding my child's Care Plan, and have discussed any and all special needs my child may have.

_____ Angel Haven does / does not (please circle one) have my permission to photograph AND videotape my child.

_____ Angel Haven does / does not (please circle one) have my permission to display photos and videos of my child participating in Angel Haven activities on the Angel Haven Facebook page AND Angel Haven website. **FB Page: Angel Haven Ecc WebSite: angelhavenecc.com**

Parent/Guardian Signature

Date

Director Signature

Date

Parent/Guardian Signature

Date