

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

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

____ REGISTRATION FEE: I understand that an annual, non-refundable, Registration Fee of \$_____ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than _____ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

____ 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 _____ am/pm to _____ am/pm

____ 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 \$30 per week 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 The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.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: 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 changes.

____ CHARGES AND PROCEDURE FOR LATE PICK-UP: My school is open from _____ am to _____ pm, 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 fifteen 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 my child attends full time, a ten percent (10%) discount is offered to me for each additional child from my immediate family who enrolls in a full-time program. The discount is applied to the lowest tuition rate. These discounts are available only 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 PROCEDURE

____ 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. 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.

____ 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, s/he 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 an entire 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.

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, as well as either Martin Luther King, Jr. Day or President's Day for in-service training. 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/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 50% 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.

_____ **INCLEMENT WEATHER OR OTHER DISASTERS:** 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/natural 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 for up to three business days.

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 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: _____

Rev 7/2009

Parent/Guardian Initial

FORMS NEEDED FOR INFANT & PRESCHOOL CENTER

- IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTER/FAMILY CHILD CARE HOMES
- PHYSICIAN'S REPORT- CHILD CARE CENTERS
- CHILD PREADMISSION HEALTH HISTORY-PARENT'S REPORT
- MEDICAL STATEMENT TO REQUEST/SPECIAL MEALS AND/OR ACCOMMODATIONS
- CONSENT FOR EMERGENCY MEDICAL TREATMENT
- PERSONAL RIGHTS
- ACKNOWLEDGEMENT OF RECEIPTS OF LICENSING REPORTS

ENROLLMENT REGISTRATION INFORMATION

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

Picture

Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)

School Code: _____

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 Tutor Time 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: _____

Name of Child: _____

Date: _____

Rev 7/2009

Parent/Guardian Signature: _____



REQUEST TO END CHILD CARE SERVICES / PROVIDER CHANGE REQUEST

(This form is to be completed, dated, and submitted by the parent. All questions must be completed in order for request to be processed. If a question does not apply write N/A.)

Parent Name: _____ Family ID # _____ Phone # () _____

Address: _____
City State Zip Code

Current Provider/Center: _____ Provider ID # _____

Select One:

Changing Provider Adding an Evening/Weekend Provider Summer/Vacation Care: _____ to _____
Start Date End Date

If changing Provider: The following child (ren) will no longer be attending the above named child care facility:

- | | |
|----------------------|----------------------|
| 1. _____ D.O.B _____ | 4. _____ D.O.B _____ |
| 2. _____ D.O.B _____ | 5. _____ D.O.B _____ |
| 3. _____ D.O.B _____ | 6. _____ D.O.B _____ |

Last day of childcare services with the provider listed above is _____
(Month/Day/Year)

NEW PROVIDER INFORMATION

Name: _____ Provider ID# (if applicable): _____

Address: _____
City State Zip Code

Contact Person: _____ Phone #: _____ Work/Message #: _____

LICENSED BY THE STATE OF CALIFORNIA TO PROVIDE CHILDCARE SERVICES

- Is Provider licensed to care for your child(ren)'s age group? Yes No
- Will the provider exceed their maximum capacity by caring for your child(ren)? Yes No

NON-LICENSED (EXEMPT)

Relationship to child(ren): _____

- Does provider have a valid social security number? Yes No
- Is the provider 18 years of age or older? Yes No
- Where will care be provided? Provider's Home Other _____

If non-relative, is provider providing care for another non-relative child(ren) with Crystal Stairs? Yes No

FOR OFFICE USE ONLY:

PCD Required: Yes No If Yes: PCD # Requested: _____

Date Rcvd ____/____/____ Verified By: _____ Spoke With: _____ Funding Source: _____

Comments:

Request Received By: _____ Request Rcvd Via: Call Mail Fax Dept. Request Date: _____

I have notified my current provider that the above named children will no longer be attending their childcare facility. Should I decide not to change providers or if I change the last day of services with the provider, I must notify my Family Services Specialist immediately. If I do not give my current provider timely notification, or I do not inform my Specialist timely, I understand I will be responsible for any childcare payments owed to the provider and for any childcare services used without prior authorization.

Parent Signature _____ Date _____