

Preschool Enrollment Agreement

Tipp City Enrichment Program

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information:

Child's first name		Child's middle name		Child's last name		Child's nickname	
Age	Sex	Child's primary language			Parent/guardian/sponsor primary language		

Phone Number for One Call: _____

Rate Agreement and Contract

Hours of Operation
 Regular operating hours are 6:00 a.m. to 9:00 a.m. and 3:00 p.m. to 6:00 p.m. for before and after school care. Early Childhood Classes begin at 9:00 a.m. and end at 12:30 p.m. for half day and 3:00 p.m. for full day, except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

I am enrolling for Summer 2019 _____ School Year 2019-2020 _____

Schedule

The days and hours that I wish to contract for preschool/child care are as follows:
 Before school: _____ After school: _____ Preschool/Pre-K Full Day _____ Preschool/Pre-K Half Day _____ Preschool 3 Day/ 2 Day _____
 Family qualifies for a discount: _____ Receiving ODJFS Payment Assistance _____

Day of week	Before School Arrival	After School Dismissal	Half Day Preschool	Full Day Preschool	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments	<input type="checkbox"/> weekly prior to service	Total amount due:	<input type="checkbox"/> monthly on the first business of the month prior to services.	Total amount due:
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Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> monthly.	Initial
- Tuition is due and payable by 6:00 p.m.	<input type="checkbox"/> Every Friday. <input type="checkbox"/> First business day of the month.	<input type="checkbox"/> Cash/Check <input type="checkbox"/> ACH
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence other than hospitalization.		
- I agree to pay the full tuition in advance of services rendered.		
- I agree to pay the full tuition fee even if my child is absent for one or more days.		
- A late fee of \$10.00 is due if tuition is not received on time.		
- A non-refundable registration fee of \$50.00/\$25.00 is due yearly.		
- A late pick up fee of \$1.00 per minute per child (not to exceed \$30.00 per child) is due if my child is not picked up before closing.		
- Accounts two weeks in arrears will result in immediate termination of service.		
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.		
- All returned checks or ACH transactions (automatic debits) will be charged a fee of not less than \$25.00. Two or more returned checks or ACH transactions will result in my account being placed on "cash only" status.		
- A two-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.		
-Disenrollment: I understand service may be terminated at any time without notice as deemed necessary or appropriate by the management.		
- A receipt for income tax purposes will be provided in the office by January 15 of each year.		

Other Agreements

Media Release	
Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. ____ Yes ____ No	Initial _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.	Initial _____
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	
Information contained in the Family Handbook may be subject to change.	

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature _____	Date _____	Center Staff Signature _____	Date _____
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Code of Conduct

Parent/Student Behavioral Code of Conduct Agreement

The following is a summary of the responsibilities that the Tipp City Enrichment Program and its board would like each parent and school-age student to review and sign.

Student Behavior Expectations:

- Students should be respectful toward teachers, other students, and parents.
- Profanity, rude behavior, or inappropriate talk will not be tolerated.
- Students are not to argue, talk back, or talk negatively with the teachers.

Parent/Adult/Sponsor Expectation:

- Parents should be a positive role model for the students enrolled in TCEP.
- Parents should keep a positive attitude towards students, teachers and other adults because their attitude will be reflected in the student's attitude.
- Parents should treat other students and adults the way they would want their child or themselves to be treated.

Inappropriate Conduct:

- Any parent who gets into a physical or verbal altercation with any other parent, staff member, or child while on TCEP property, or violates any of the above codes of conduct will face possible immediate removal from the program. All final decisions are at the discretion of the TCEP Director and Board.

I HAVE READ AND UNDERSTAND THE PARENT/STUDENT BEHAVIORAL CODE OF CONDUCT AGREEMENT.

Parent's Signature & Date

Students Name and signatures if possible

