



Nene's Little Angels
Childcare Center

ENROLLMENT CONTRACT 2021 - 22

Childs Name: _____

Age: _____ Sex: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Phone: _____

Email Address: _____

Driver's License Number/State: _____

Employer: _____

Employer's Address: _____

Parent/Guardian's Name: _____

Home Address: _____

Phone: _____

Email Address: _____

Driver's License Number/State: _____

Employer: _____

Employer's Address: _____

Circle Days to Attend:

MON TUES WED THU FRI Drop off Time: _____ Pick up Time: _____

Meals While in Care: Breakfast ____ Lunch ____ P.M. Snack ____ Dinner ____

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

_____ REGISTRATION FEE: I understand that the payment of a non-refundable registration fee and class fee are required on an **ANNUAL** basis in a calendar month as determined by the center.

_____ 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.

_____ PAYMENT OF TUITION: I understand that tuition is due and payable, on Monday of each week. I understand that if for any reason I may need to change my tuition payment due day to Fridays, my weekly tuition amount will increase in the amount of \$15. ***I also understand tuition Fees must be paid during school closures, illnesses, etc. except vacations approved by the director.***

_____ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$30. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account brought current, including late fees, and/or my child may possibly lose their spot. NLA cannot guarantee a child's spot will be held when a child is withdrawn due to non-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 payment of any tuition in excess of any agency or third-party reimbursement.

CHARGES AND PROCEDURE FOR LATE PICK-UP: My child schedule is from (drop off) _____ a.m. to _____ p.m (pick up) Monday through Friday. I understand that if I fail to pick up my child by the scheduled time, I will be charged a late fee of **\$1 per minute** after child's **noted pick-up time** until the child is picked up. This fee is due upon picking up my child.

_____ DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available 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.

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. 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 a staff member each day. In states where a manual signature is required due to state childcare licensing regulations, I agree to complete the required computer or 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 immediately and I understand that my child will not be re-admitted until being cleared by licensed medical physician. ***I also understand that FULL tuition is still due.***

_____ MEDIA RELEASE: Nene's Little Angels LLC., its agents, affiliates, and licensees, may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, (social media) 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 of Michigan Child Care Licensing and Regulatory agency and the local 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, he or she 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 a 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.

HOLIDAYS, ABSENCES, AND CLOSINGS

_____ **HOLIDAYS:** I understand the center will be closed on the following holidays: **New Year's Eve, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, and Professional Development training** (subject to change). I understand that I will not receive a refund, credit, or other allowance for holidays, or closures. If a holiday falls on a weekend, it may be observed on either the preceding Friday or the following Monday.

_____ **Christmas and New Year Holiday:** Due to low student attendance during the weeks of Christmas and the New Year the center will close for those two (2weeks) and will re-open after the New Year (subject to change.) No tuition is due for these weeks.

_____ I understand the director may post a sign- up list for families needing care during the Christmas and New Year holiday weeks. If the director decides to open the center to accommodate families, I understand that I am responsible for my child(ren) FULL tuition whether the child attends or not.

_____ **ABSENCES/VACATIONS:** I agree to inform the 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 absences (**i.e. sickness**). **A reservation fee of 50% of 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 week (Monday through Friday).

My regularly contracted tuition is due in FULL 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.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER:** I understand that it is the NLA's intention to be open and provide child care service every weekday of the year, excluding holidays, but inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I understand that I will be contacted by the director via phone, text or email regarding any closures. I understand in the event the school is closed for an extended period of time, ***I understand that I am still responsible for my child(ren) weekly tuition payment.***

STATE LICENSING AND OUR POLICIES

_____ ALL POLICIES AND 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 Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that Michigan childcare licensing prevail over these policies. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ 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.

_____Nene's Little Angels does 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 Parent Handbook . The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Director Signature: _____ Date: _____