

REGISTRATION CONTRACT
2018-2019

1. I register my child, _____ for the 2018-2019 term.
2. I agree to pay tuition for my child in the amount of: _____.
1 day per week-\$100.00/month; 2 days per week-\$185.00/month; 3 days per week-\$260/month
3. I agree to pay a one time family registration fee of \$50.00 at enrollment. This registration fee is not refundable. The first month's tuition is due at the time of application.
4. I understand that there will be imposed a fee of \$10.00 for each 15 minute time period that I am late to pick up my child from the program.
5. I understand that tuition is to be paid one month in advance on the 15th of each month. (For example: September fee to be paid at application; October tuition due September 15th.)
6. I understand that due to fixed expenses, I will continue to pay tuition whether my child attends or not. If I find it necessary to drop out of the program during the contract year, I will give written notice thirty (30) days in advance. If my child's place can be filled within that period, I understand a pro-rata refund may be available upon replacement of my child's place.
7. I understand that the program reserves the right to dismiss my child at any time for disruptive behavior.
8. I have reviewed and understand the program's calendar and that the program will observe primary holidays and snow days (if necessary) along the guidelines of the public school system and that the program has the right to vary the schedule according to the program's needs.
9. I understand that the program will not admit my child if my child has symptoms of contagious disease or illness; and that if my child has a contagious disease or illness, that I am to notify the Director of the program and not return my child until my child is no longer contagious.
10. I understand that it may be necessary for my child to receive emergency medical care; and I will execute an authorization form for emergency care for my child and that my child will not be admitted to the program until the form has been signed and returned.
11. I understand that no medication will be administered by any member of the program staff.

Parent Signature: _____ Date: _____