



ENROLLMENT REGISTRATION CONTRACT

Community

Child's Name (first, Middle, Last):	Birthdate:
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Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **REGISTRATION FEE:** I understand that a non-refundable, registration fee of \$100.00 shall be paid in advance to enroll my child.

_____ **TUITION:** I understand that rates are subject to change with reasonable notice as conditions require. A new rate will be applied when my child moves to another classroom.

_____ **ENROLLMENT:** I have enrolled my child in Koala Bear Child Care owned by Presbyterian Homes and Services. I understand that Koala Bear Child Care only accepts community children for *full-time* enrollment.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, every other Friday.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received by due date, I agree to pay a late fee of \$25.00 per week that tuition is not received. 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 is made current. Koala Bear Child Care cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition 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 a 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:** Koala Bear Child Care is open from 5:45am to 6:00pm, Monday through Friday all year, except for holidays and other dates noted in the Family Handbook. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$10.00 every ten (10) minutes or portion of ten (10) minute period, per child, until the child is picked up.

_____ **ADDITIONAL FEES:** Any outside programs that come to Koala Bear Child Care are optional, and subject to an additional fee that I agree to pay if I would like my child to participate. Please see director for more details.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \$25.00 discount from the usual tuition is offered to me per week and applied to the child with the lowest tuition rate. Discounts are not applicable on any fees or services.

_____ **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 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 I am enrolled in Auto-pay, I agree to the same conditions as above. I will be responsible for the principle amount plus all returned fees.

SECTION 2: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** I understand that Koala Bear Child Care is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, and Day after and/or before Christmas Day. If a holiday falls on a weekend, it will be observed the preceding Friday or the following Monday.

In addition, we will be closed President's Day and a consecutive Thursday and Friday in August or September for cleaning and staff in-service.

I agree that I will not receive a refund, credit or any other allowances for holidays or pre-planned closures.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent any day. I understand that no allowances, credits or refunds, or make up days shall be made for any absence.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is Koala Bear Child Care's intention to be open and provide child care service every weekday of the year, excluding holidays, President's Day and two (2) days in August or September for in-service, but that inclement weather, natural/national disaster/pandemics or major building issues may disrupt service from time to time. I will contact Koala Bear Child Care to ensure that it is open during inclement weather/natural disaster/pandemics.

SECTION 3: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day on the sheets in the front entry. I understand my child is not permitted to sign him/herself out.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child within one (1) hour or make arrangements for an authorized emergency contact person to pick up on 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 to the re-admission criteria in the Family Handbook. I understand that my child must be able to participate in all activities, inside and outside, to attend Koala Bear Child Care. If s/he is not able to participate, a teacher will call a parent/guardian and the child must be picked up.

_____ **PHOTOGRAPH AND VIDEO RELEASE:** Koala Bear Child Care, may may not use photographs or videos for a variety of media (including but not limited to print publications, websites, Facebook and other social media) for the purpose of PHS (Presbyterian Homes and Services) and Koala Bear Child Care marketing, promotion or fundraising. These photos/recordings are owned by PHS and Koala Bear Child Care. I grant PHS and Koala Bear Child Care permission to reproduce, distribute and publicly display the photos/recordings in any form, alone or in any combination with other images, text and graphics, and with or without identifying my child.

_____ **MEDICAL PERMISSION:** I Hereby grant permission for Koala Bear Child Care to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. Any expenses incurred will be the legal parent/guardian's responsibility.

_____ **EQUIPMENT:** I hereby grant my child to use all play equipment and materials and to participate in all the activities each day.

_____ **WALKING FIELD TRIPS/WALKS:** I hereby grant my child to go on walks around the PHS grounds, within the local area for educational outings and other school-sponsored events. I will authorize specific walking field trips by signing a form for each walking field trip my child is off campus.

_____ **HAND SANITIZER:** I hereby grant permission for hand sanitizer to be applied to my child.

_____ **NURSE HEALTH CONSULTANT:** I hereby grant permission to the center's health consultant to have access to my child's file.

_____ **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 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 is 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.

SECTION 4: 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 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 of MN may prevail over these policies when the policy 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.

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.

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.

Signature of Parent/Guardian:	Date:
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