*ENROLLMENT CONTRACT*

*By signing this contract, you agree to the terms and conditions outlined in the Parent Handbook. This contract will cover your child(ren)’s care for a term of one year from date of signature, unless otherwise noted or agreed upon. Tuition rates may change at the discretion of the Sunnyside Enrichment Center’s Executive Board, and advance notice will always be given.*

*Prior to enrollment the following information/documentation will need to be completed:*

*Child Information Card Child Guidance Policy*

*Sunnyside Enrichment Center Registration Form Class Dojo Form*

*Enrollment Contract Copy of Parent/Guardian License or State ID card*

*Good Health Statement*

*Health Care Policy (Sick Child Policy)*

*Food Program Contract and Eligibility Statement*

*Covid-19 Preparedness plan*

*Parent Notification of Licensing Book*

*Upon enrollment, I agree to pay the enrollment fee of $ \_\_65.00 per child\_\_\_\_ (non-refundable), and the first week’s tuition of $\_\_\_\_\_\_\_\_\_\_.*

*All subsequent tuition fees will be paid on Friday, prior to the week of attendance. If tuition is not paid by 6:00 pm on Monday, the week of attendance, there will be a $25.00 late fee assessed.*

*Tuition may be paid by cash, check, money order, Debit and credit ($4.00 processing fee) and Cash App $SunnysideEC. There will be a $40.00 Returned Check Fee for checks returned. Sunnyside Enrichment Center has the option of refusing any check.*

*I agree to give Sunnyside Enrichment Center two (2) weeks written notice prior to my child(ren)’s withdrawal from the center.*

*In case of severe weather conditions, Sunnyside Enrichment Center may have to close. The closing will be based on Oak Park Public School closings due to inclement weather only.*

*If for any reason Sunnyside Enrichment Center cannot meet the needs of the family and/or child, we will give the parent a two-week notice for the child(ren)’s withdrawal.*

*I understand that childcare hours are between 7:00 am and 6:00 pm. If my child(ren) is not picked up by 6:00 pm, I agree to pay a late fee in the amount of $1.00 per minute (i.e.: if picked up at 6:15 pm - the fee would be $15.00). Tender is due at arrival.*

Sunnyside Enrichment Center *may contact legal authorities for the children left at the Center more than one hour after 6:00 pm.*

*I understand that photos may be taken of my child(ren) participating in activities at Sunnyside Enrichment Center. I grant permission to use photos including my child(ren) to be used for publicity without compensation.*

*Sunnyside Enrichment Center is not responsible for lost, damaged or missing items such as but not limited to shoes, clothing, electronics and or supplies. We encourage all families to dress their child appropriately for the day. Children will be involved in many activities such as paint, play-doh and other fun experiments. We also ask that you keep expensive toys and electronics at home.* ***Sunnyside Enrichment Center will not be responsible for lost, broken or damaged items.***

*This agreement may be subject to change by Sunnyside Enrichment Center with a two-week notice.*

*Date of Enrollment (Effective Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Provisions of childcare for:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Child Date of Birth*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Child Date of Birth*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Child Date of Birth*

***This agreement is made between:***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent (Signature) Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address Phone (Home)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City/State Zip Code Phone (Cell)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone (Work)*

*AND*

*\_\_\_\_Sunnyside Enrichment Center\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Care Provider Date*

*\_\_10440 W. Nine Mile Rd. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_248-809-6025\_\_\_\_\_\_\_\_\_*

*Address Phone*

\_\_\_*Oak Park, MI. \_\_\_48237\_*\_

*City/State Zip Code*