

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

IMAGINATION CHILDCARE ACADEMY ENROLLMENT AGREEMENT 2021-2022 SCHOOL YEAR						
TUITION AND FEES						INITIAL
<b>Registration Fee:</b> I understand that an annual, <u>non-refundable</u> , registration fee of \$75.00 shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than June each year.						
<b>Tuition and Modifications Conditions:</b> The current tuition is _____ per week for the program that I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.						
<b>Program:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
<b>School-Age Before School</b>						
<b>School-Age After School</b>						
<b>Preschool Full Day</b>						
<b>Preschool Half Day</b>						
<b>UPK AM Wrap</b>						
<b>UPK PM Wrap</b>						
<b>Payment of Tuition:</b> <ul style="list-style-type: none"> <li>I understand that tuition is due and payable on the <u>Friday before</u> the up-and-coming week.</li> <li>I understand that Imagination Childcare Academy <u>does not</u> provide tuition refunds for absences due to illness or any other reason, given that the centers' operating expenses remain constant.</li> <li>For UPK Wrap and School-Age Families, I understand that contracted tuition must still be paid whether or not school is in session (Christmas Break, February Break, April Break, Etc.)</li> <li>I understand that full day care is available over school breaks for an additional cost.</li> </ul>						
<b>Late or unpaid Tuition:</b> If payment in full is not received when due, I agree to pay a late payment of \$10 per day, per invoice. All late fees are subject to change with reasonable notice. I understand that if my tuition is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any tuition fees may be sent to a third-party collection agency.						
<b>Agency Reimbursement:</b> 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 promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third party reimbursement resulting from my failure to promptly communicate status changes. I understand that once I and the center have agreed to my weekly tuition payment, I am solely responsible for payment of that tuition, regardless of my child's attendance.						
<b>Charges and Procedure for Late Pick-Up:</b> The center is open from 7AM to 6 PM, Monday through Friday all year, except for Holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be expected to pay a late fee of <b>\$10 PER CHILD FOR EVERY 10 MINUTES AFTER 6PM</b> . If my child is scheduled for the half-day program, I will be expected to pay a late fee of <b>\$10 PER CHILD FOR EVERY 10 MINUTES AFTER 1PM</b> .						
DAILY PROCEDURES						INITIAL
<b>Daily Sign In and Sign Out:</b> I understand that I am required to enter the center to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.						
<b>Illness:</b> 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 person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the center and I understand that my child will be re-admitted according to the re-admission criteria located in the medical section of the Parent Handbook.						

<p><b>Interviewing Children and Record Inspection:</b>  I understand that the state child care regulatory enforcement and administration agency and the local department of social services or 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 center, 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 center.</p>	
<p><b>Withdrawal from Program:</b>  I understand that I must provide a <u>two-week written notice</u> of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two weeks, whether or not 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 was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. <u>I understand that all fees (Tuition, Deposits and Registration fees are non-refundable).</u></p>	
<b>HOLIDAYS, ABSENCES, AND CLOSINGS</b>	
<p><b>Holidays:</b>  I understand that the center is closed on the following days: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, as well as the day after Labor Day, Martin Luther King Jr. Day and Veteran’s day, which will be used for in-service training days. I agree that I will not receive a refund, credit or any other allowance for holidays.</p>	
<p><b>Absences/Vacations:</b>  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).</p>	
<p><b>Emergency Closing and Inclement Weather Information:</b>  I understand that it is the center’s intention to open and provide child care services every weekday of the year, excluding holidays, but that inclement weather/natural disaster, I agree that in the event that the center is closed for an extended period of time, I will continue to be responsible for my full tuition payments for two weeks and half tuition payments for two weeks thereafter.</p>	
<b>STATE LICENSING AND OUR POLICIES</b>	
<p><b>All Policies and state Regulations:</b>  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.</p>	
<p><b>Parent Handbook:</b> I have read and understand its contents and policies and agree to be bound by same.</p>	
<p><b>By signing this contract, I/We hereby agree to:</b></p> <ol style="list-style-type: none"> <li>1. Enroll our child at <b>IMAGINATION CHILDCARE ACADEMY, INC.</b> beginning on _____.</li> <li>2. Upon acceptance, complete, sign and return all required forms before the first day of care.</li> <li>3. Upon acceptance, pay the following fee/s which are <u>non-refundable</u> if the child is not brought for care. <ul style="list-style-type: none"> <li>➤ A registration fee of \$75.00.</li> <li>➤ First week’s tuition \$ _____</li> </ul> </li> </ol> <p>I understand and will comply with the policies included in this Enrollment Agreement and the Parent Handbook. The policies in this contract will supersede all other previous documents.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	