

CHILD'S NAME: _____ PARENT'S NAME: _____

IMAGINATION CHILDCARE ACADEMY ENROLLMENT AGREEMENT 2025-2026 SCHOOL YEAR						
TUITION AND FEES						INITIAL
Deposit: I understand that an annual, <u>non-refundable</u> , deposit of <u>\$100.00</u> and the <u>first week's tuition</u> shall be paid in advance to enroll my child.						
Tuition and Modifications Conditions: 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.						
DAYS YOUR CHILD WILL ATTEND	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
PRESCHOOL FULL DAY						
PRESCHOOL HALF DAY						
UPK AM Wrap		Monday through Friday Required				
UPK PM Wrap		Monday through Friday Required				
SCHOOL-AGE BEFORE SCHOOL		Monday through Friday Required				
SCHOOL-AGE AFTER SCHOOL		Monday through Friday Required				
Payment of Tuition: <ul style="list-style-type: none"> I understand that tuition is due and payable on the <u>Friday before</u> the up-and-coming week. I understand that Imagination Childcare Academy <u>does not</u> provide tuition refunds for absences due to illness or any other reason, including vacation, given that the centers' operating expenses remain constant. I understand that my contracted tuition is prorated for the school year and is due even when the center is closed. For UPK Wrap and School-Age Families, I understand that contracted tuition must still be paid whether school is in session or not (Christmas Break, February Break, April Break, Etc.) I understand that full day care is available over school breaks for an additional cost. 						
Late or unpaid Tuition: If payment in full is not received the Friday before care is provided, <u>I agree to pay a late payment of \$10 per day, per invoice.</u> 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 The center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.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.						
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 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.						
Charges and Procedure for Late Pick-Up: 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 \$10 PER CHILD FOR EVERY 10 MINUTES AFTER 6PM. If my child is scheduled for the half-day program, I will be expected to pay a late fee of \$10 PER CHILD FOR EVERY 10 MINUTES AFTER 1PM.						
DAILY PROCEDURES						
Daily Drop off and Pick Up: 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.						

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 plan 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.	
Interviewing Children and Record Inspection: 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.	
Withdrawal from Program: <ul style="list-style-type: none"> • If I choose to withdraw my child from the program, I understand that all fees (Tuition, Deposits and Registration fees are non-refundable). • If I choose to withdraw my child from the program between September-May, I understand that I must provide a <u>two-week written notice</u> of withdrawal, and I agree to pay all tuition and fees for next two consecutive weeks, whether my child attends. • After June 1st, if I choose to withdraw my child from the program, I understand that contracted tuition rates will continue to apply through the end this negotiated contract. The two weeks' notice will not apply. • 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 and pay a new non-refundable registration fee at the current rate. If there is an outstanding balance, when my child is withdrawn, I will be required to bring my account current prior to re-enrollment. 	
EMERGENCY CLOSINGS	
Emergency Closing and Inclement Weather Information: 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.	
STATE LICENSING AND OUR POLICIES	
All Policies and NYS 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.	
Parent Handbook: I have read the Parent Handbook located online at www.imaginationchildcareacademy.org , understand its contents and policies, and agree to be bound by same.	
By signing this contract, I hereby agree to: <ol style="list-style-type: none"> 1. Enroll my child at IMAGINATION CHILDCARE ACADEMY, INC. for the 2025-2026 school year beginning on <u>09/01/2025 and ending on 06/26/2026.</u> 2. Complete, sign and return all required forms before the first day of care. 3. Pay the non-refundable deposit (which includes both the \$100 registration fee and first week's tuition) and will not be reimbursed if my child does not attend. <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>	
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____	