## 20\_\_/20\_\_ENROLLMENT CONTRACT AGREEMENT

2350 Merrick Avenue \* Merrick, New York 11566 \* (516) 867-7404 \* Fax #: (516) 867-7438

| PAYMENT SCHEDULE AGREEMENT: (Please check one – Tuition is due prior to attendance and service) |   |   |   |   |  |
|---|---|---|---|---|--|
| Monthly Tuition   |   |   |   | Parent Fee/DSS  |  |
|   | Monthly 1st of each month   |   |   | Weekly Every Monday prior to services   |  |
| CHILD'S HOURS IN CARE:  |   |   |   |   |  |
|   | ARRIVAL TIME  |   | Plo   | CK-UP TIME  |  |
| NAME OF TAXABLE PARTY.  | YS OF CARE: (please check days)   | M T W   | TH  | F   |  |
| ME  | ALS RECEIVED: (please check ) BREAK   |   |   | Afternoon SNACK   |  |
| 1)  | Rules & Regulations: The signer of the contract and the Childhood Education Center.   | he child shall abide by all o   | f the rules and                                       | d regulations of Children's Nest Inc. D.B.A. Children's Nest Early  |  |
| 2)  | <u>De-enrolling of a child:</u> must be written in a note two weeks prior to the child's last day of school and /or before a new month begins and if there is a deposit; the deposit will be applied to the child's last weeks of childcare. A deposit is not refundable.   |   |   |   |  |
| <ul><li>3)</li><li>4)</li></ul>   | Childhood Education Center on or before thirty days to start date. If such notice is not received by that date, the signator will be obligated to pay the full monthly tuition due. The school reserves the right to obtain a judgment against the signator for the amount due, as well as attorney fees, and to notify the credit reporting agencies of any default. There will be no refunds given for any discontinuance by a student for any reason, including, but not limited to, "not adjusting" during the child's first six months. There will be no allowance and no right to apply tuition to a substitute child or to a different month.  Dismissal of a child: We reserve the right to immediately dismiss a child, if we are not able to meet child's needs or if child is endangering or threatening other   |   |   |   |  |
| 5)<br>6)  | between 11:30 a.m. until 1:00 p.m. and afternoon snack between 3:00 p.m. until 4:30 p.m. Late afternoon snack/dinner would be provided by the parent.   |   |   |   |  |
| 7)  | ) <u>Daily Health Checks</u> of each child are conducted; for any indication of illness, injury, behavior, abuse or maltreatment will be conducted, discussed and documented. The Center has the right to request a Doctor's note in order for a child to return to the Center.   |   |   |   |  |
| 8)<br>9)  | Registration Fee: Annually a \$100.00 non-refundable registration fee (per child) is due with all new registration and annual re-registration forms.  School Trips: The signator gives permission for the child to attend all off-premises walks, activities and trips. It is understood that the school will determine the type of vehicle under the jurisdiction of the New York State Department of Transportation that will be used for the transporting your child.  |   |   |   |  |
| 10)   | physicians, licensed nurse, or licensed emergency medical technician, of its choice, such medical care and first aid as is reasonably necessary for the welfare of the child if he or she is injured or becomes ill during the school day.  |   |   |   |  |
| 11)   |   |   |   | ly Childhood Education Center. to use any school photographs rochure, Center related events, Center approved projects or for  |  |
| 12)   | Behavior Management Policy: Corporal punishment is prohibited, methods of discipline, interaction or toilet training which frighten, demean or humiliate a child is prohibited, withholding or using food, rest or sleep as punishment is prohibited. Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the provider so that the child is aware of the relationship between his actions and the consequences of those actions. Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or likely to seriously disrupt group interaction, the child may be re-directed and separated briefly from the group but, only for as long as is necessary for the child to regain enough self-control to rejoin the group. Employees will speak to the child at all times in a respectful manner and give positive guidance on how they should handle themselves. When necessary we will in form the parents and have them get involved. |   |   |   |  |
| 13)<br>14)  | School Trips: School T-Shirts are required to be worn o Bridging Over / Graduation Ceremony: Children's Normonth of June for the Bridging Over / Graduation Cere Centers are closed this date; and there MAY be an add  | on school trips and on reque<br>est Inc. D.B.A. Children's No<br>emony. I agree to make my<br>itional cost (tickets-Cap n G | est Early Child<br>yself and my fa<br>own) for this d | hood Education Center closes on the first/second Friday in the amily available and participate in the event. I understand all CN ay.  |  |
| 15)   |   |   |   | uspicion of abuse or maltreatment. Daily as childcare providers ild's night was and if the child care program should have any   |  |
| 16)   | School Closings: Children's Nest Inc. D.B.A. Children's Nest Early Childhood Education Center has the right to close early or completely due to any emergency, which is not in our control. These emergencies may include the following: a blackout, heavy sleet, heavy rain, heavy snow, freezing conditions, below zero weather, tornado, hurricanes, dangerous windy conditions, or when advised by the national weather advisory. Closings will be posted on News12.com, Children's Nest website, and if possible via TXT message. Refer to our published Holiday schedule for all scheduled closings.  |   |   |   |  |
| Tui <sup>s</sup><br>Me  | tion Schedule, Medical Statement, CACFP F   | Form, Infection Contr<br>Topical Lotion, Items  | ol Policy/G<br>Needed fo                              | acknowledge that I have received, read, gistration Forms, Enrollment Contract Agreement, uidelines for Exclusion from Child Care, Medicine r Child, Information on your child. I understand |  |
| Par   | rent / Guardian Signature   | //<br>Date  |   | / Guardian Social Security Number   |  |