Enrollment Agreement

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial each section listed below, then sign and date the bottom of the back page.**

**Section 1: Tuition and Fees**

\_\_\_\_\_**Registration Fee:** I understand an annual non-refundable Registration Fee shall be paid in advance to enroll my child.

\_\_\_\_\_**Payment of tuition:** I understand that tuition is due and payable each week.

\_\_\_\_\_**Non Payment of tuition:** I understand that Leaps & Bounds has a policy that if I don’t pay the tuition by Monday, may child may not be in attendance until tuition is paid.

\_\_\_\_\_**Charges and Procedure for Late Pick-Up:** Leaps & Bounds Preschool is open from 6:00 am to 6:30 pm. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of $1 for each minute until my child is picked up.

\_\_\_\_\_**Withdrawal From Program:** I understand I must provide written notice two weeks before withdrawal from the program. I agree to pay all tuition and fees through the two-week period.

**Section 2: Daily Procedure**

\_\_\_\_\_**Daily Sign-In and Sign-Out:** I agree to sign my child in and out every day using the school’s attendance procedure.

\_\_\_\_\_**Tardiness:** I agree to call the school by 9:15am if my child is going to be absent.

\_\_\_\_\_**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 make arrangements for an authorized emergency contact person to pick up upon such notification. I will notify the school if my child contracts a contagious disease.

\_\_\_\_\_**Transporting Children:** I give permission for my child to be transported in the Leaps & Bounds Vehicles to and from the public school in which my child attends.

**Section 3: School Policies**

\_\_\_\_\_**Assessments:** I understand that Leaps & Bounds Preschool teachers and staff will be conducting assessments on my child during the school year. I understand I will have opportunities to meet with my child’s teacher and discuss my child’s progress. I understand that my child will bring home a Progress Report at least twice during the school year.

\_\_\_\_\_**Parent Handbook:** I acknowledge that I have received a Parent Handbook containing the school policies regarding discipline practices, health, medicine, attendance, nutrition and other policies. I understand that I am responsible for abiding by the policies outlined in the Handbook.

\_\_\_\_\_**Photographs, Videos:** I understand and agree that my child may be photographed or videotaped while in the care of school personnel. Such images may be posted in the classroom, used in promotional material, used in school programs highlighting the school year, posted on Leaps & Bounds Facebook page and/or their website. Names of children will not be published. However, during the VPK Graduation, a power point may be created that will have a slide of the child’s name along with their cap & gown picture. The power point will be for the use of Leaps & Bounds only.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

**Medical Care Provider / Facility**

I give my consent to Leaps & Bounds Preschool to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency care, I authorize the person in charge to transport my child and seek medical attention. I will assume full financial responsibility for the emergency care and/or transportation for said child and will not hold the school financially responsible.

Parent/ Guardian Initials \_\_\_\_\_\_\_\_\_\_

**General Release of Liability:**

The undersigned hereby releases and forever discharges Leaps & Bounds Preschool, Leaps & Bounds Preschool Board, and their employees, from all claims and demands, right, and causes of actions of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while in attendance at Leaps & Bounds Preschool.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Florida, County of Clay

Sworn to and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me or who has produced Florida Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida

Notary Stamp