



Enrollment Registration Information Enrollment Agreement

Please initial each section listed below, then sign and date the last page.

_____ **Basic Services:** I understand that Royals Developmental Milestones Center provides quality child care and development services for families with children 6 weeks to 13 years of age. Enrollment ages may vary by availability.

_____ **Registration Fee:** I understand that the payment of a non-/ refundable registration fee is required on an annual basis in a calendar month as determined by the learning center.

_____ **Tuition And Modifications Conditions:** \$ _____ **per week** is the current Tuition rate for the program I have chosen. I understand that rates are subject to change and that I would be given notice of such.

_____ I have read and understand the service of agreement.

_____ I have read and understand the general information policy.

_____ I have read and I understand the arrival and departure policy.

_____ I have read and understand the children's release policy.

_____ I have read and understand the open door policy.

_____ I have read and I understand the daily attendance policy..

_____ I have read and I understand the alternative arrival/ release policy.

_____ I have read and I understand the parents under the influence policy.

_____ I have read and I understand the smoking policy.

_____ I have read and I understand the firearm use policy.

_____ I have read and I understand the confidentiality policy.

_____ I have read and I understand the insurance policy.

_____ I have read and I understand the mandated reporter policy.

_____ I have read and I understand the technology use policy.

_____ I have read and I understand the use of television policy.

_____ I have read and I understand the notification of changes policy.

_____ I have read and I understand the enrollment and discharge policy.

_____ I have read and I understand the drop in care policy.

_____ I have read and I understand the discharge policy.

_____ I have read and I understand the payments and refunds policy.

_____ I have read and I understand the child and provider absence policy.

_____ I have read and I understand the health and safety policy.

_____ I have read and I understand the incidents, accidents and medication policy.

_____ I have read and I understand the nutrition policy.

_____ I have read and I understand the absences/ vacation section.

_____ I have read and I understand the emergency closing and Inclement weather section.

_____ I have read and I understand the daily activity policy.

_____ I have read and I understand the child guidance policy.

_____ I have read and I understand the time out policy.

_____ I have read and I understand the communication policy.

_____ I have read and I understand the family engagement policy.

_____ I have read and I understand the transportation policy.

_____ I have read and I understand the rest or nap policy.

_____ I have read and I understand the emergency procedures.



_____ I have read and I understand the items to be provided.

We do not discriminate based on disability in the admission/enrollment of access to our program or services. Information concerning the provision of the Americans with disability act, including the rights provided there under is available from the director.

These policies have been reviewed with me by the owner. I understand and will comply with the policies included in the enrollment agreement and family handbook. The policies in this contract will supersede or other previous documents.

***In service dates subject to change.**

Parent/Guardian Signature:

Date:

Parent/ Guardian Name:

Date:

Licensee Signature:

Date:
