

ENROLLMENT CONTRACT

It is my/our desire to have my/our child/children enrolled in the childcare program at Firefly Childcare New Dorset, LLC DBA Firefly.

I/we have received a copy of the **Firefly Childcare New Dorset, LLC** policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a four week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the childcare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the childcare program.

I/we also agree to give a minimum of two weeks written notice of my/our intent to withdraw my/our child/children from the childcare program. I/we agree to make full tuition payment for the final two weeks. Earned vacation credit cannot be used for this period. Waiver of this policy is pending the center's ability to fill the vacant childcare slot.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

_____ I/we understand that I/we must complete, sign and return the following forms: Family Registration Form, Parent/Provider Contract, Physical and Immunization Records, Child Biography, Permission to Photograph Form, Sunscreen Permission Form, Holiday Schedule and Liability Release with Parental Consent Form. All forms are due before admittance into the center. I will update the DSS Information sheet yearly and keep all contact information up to date.

_____ I/we understand the childcare fees are _____ for school weeks and _____ for non-school weeks.

_____ I/we understand there will be extra charges for attendance during the school year for spring break and winter break.

_____ I/we authorize Firefly Childcare New Dorset, LLC to seek immediate medical care in the event of an emergency and I cannot be located in a timely manner.

_____ I/we agree to pick up my child within a reasonable time period in the event Firefly Childcare New Dorset, LLC telephones me that my child is ill.

_____ I/we agree to inform Firefly Childcare New Dorset, LLC within 24 hours or the next business day after my child or any member of my household has developed a communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

_____ I/we understand and accept all fee and payment schedules and payment policies of Firefly Childcare New Dorset, LLC. I understand that a two-week written notice of withdrawal be given; otherwise I agree to pay two weeks regular tuition for compensation. Should legal action be taken against me for non-payment of fees that I own to Firefly Childcare New Dorset, LLC, I agree to pay all legal costs and attorney fees incurred by Firefly Childcare New Dorset, LLC while attempting to collect a debt.

_____ I/we authorize Firefly Childcare New Dorset, LLC to allow my child to participate in field trips and planned activities within the center. _____ Yes _____ No.

Comments: _____.

_____ I/we understand that tuition is due each week that my child is enrolled at Firefly Childcare New Dorset, LLC whether my child is in attendance or not. I/we understand that after three months of continuous enrollment, my child will be eligible for a one week tuition waiver (vacation) at no charge. I/we understand that my child cannot be in attendance during this time and vacation must be taken Monday through Friday.

_____ I/we understand that if I/we are contracting for childcare for school calendar usage - Sept. thru June, the one week tuition waiver for non-attendance (aka vacation) must be used during the school calendar year.

_____ I/we understand that Firefly Childcare New Dorset, LLC reserves the right to dismiss any child if they feel that attendance will jeopardize the safety and security of the Firefly mission and vision. I understand they will

give me two (2) weeks to find alternate care. However, if they feel my child is a direct threat to himself, other children, or staff, my child's care may be terminated immediately.

_____ I/we understand that Firefly Childcare New Dorset, LLC will release my child to the following persons: (1) Parent or Guardian, (2) any emergency contact listed on the enrollment forms, or (3) any other individual with written prior notice from legal parent or guardian. If a change in custody or parental rights occurs, I/we will provide Firefly Childcare New Dorset, LLC with a copy of the court order immediately and cannot be acted upon until official receipt of said order.

_____ I/we understand Firefly Childcare New Dorset, LLC reserves the right to refuse anyone attempting to pick up my child if there is any indication that they are impaired by alcohol or drugs.

_____ I/we understand Firefly Childcare New Dorset, LLC operates and is open for business Monday through Friday 6:30 a.m. until 6:00 p.m. Late pick up fees will be assessed at 6:31 p.m. Late pick up fees are \$1.00 per minute for the first 10 minutes and \$5.00 per minute thereafter. There will be no exceptions to this rule.

_____ I/we understand there will be a \$25.00 fee for any and all returned checks. In the event of repeated returned checks, I may be asked to pay in cash or by cashier's check.

_____ I/we understand childcare payment is due for the current week on Mondays by 9 a.m. Late fees are \$10.00 per day.

_____ I/we understand that an A.M.& P.M snack and a lunch will be provided for all full day students and one snack for all after-care students. Any alternative foods provided by the parents must be dropped off at the beginning of the day and cannot require staff preparation. There will be no reduction in tuition if I/we choose to provide a meal for my child/children. *Exceptions may be made according to the doctor's instructions. Alternative foods are only allowed for documented medical requirements.

_____ I/we understand that no child may bring breakfast or food from outside Firefly. I understand that an exception is made for breakfast as it is safe to do so. The allowance of breakfast being brought in may change at any time.

_____ I/we understand the disciplinary action policy and I/we have read and shared the childcare rules with my/our child/children.

_____ I/we understand my non-refundable registration fee is \$100 for a single child or \$150 for a family for the school year. This non-refundable registration fee is due upon enrollment and each September thereafter.

I/we are the Parent or Legal Guardian and have legal custody of _____, and I/we agree to enroll my child/children in programs at Firefly Childcare New Dorset, LLC. I/we further attest that I/we have read, understand, and agree to abide by the rules and responsibilities stated in this contract. I/we understand that all forms must be completely filled out and returned before my child/children enter the program and that all forms are subject to yearly renewal and must be kept up to date.

Proposed entrance date: _____

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Parent/Guardian	Date
_____		_____	
Director/Owner Signature	Date		

Date Admitted _____

Date of Termination _____

Disciplinary Action Agreement

If a serious problem or conflict occurs with a child in the center, the parent/guardian will be called to pick up the child immediately. Following a conference between the parent/guardian and the director/owner the child will be allowed to return to the center. If a second serious offense occurs, the parent/guardian will be called to pick up the child and the child will be suspended for three (3) days. A third serious offense will result in the child being dismissed from the school. If the circumstances are such that the safety and/or welfare of children or staff members are jeopardized, the Director shall have the authority to immediately dismiss a child without the suspension process. If a child willfully or intentionally damages any school property, the child and his/her parent will be required to pay repair or replacement costs. I/we have read, understand, agree to, and will support the discipline policies set forth by Firefly Childcare New Dorset, LLC.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Infection Control Policy

In a childcare setting, children come into contact with groups of children outside their families. In this situation the illness of one child can spread rapidly through the center. Stringent measures must be used to prevent the spread of diseases. Parents/Guardians can greatly aid in the control of this by following these guidelines:

1. If your child has been exposed to any contagious diseases, please inform the center.
2. If your child shows any of the following symptoms, you will be asked to immediately pick up your child. If your child exhibits any of the following symptoms at home, we ask that you keep him/her out of the center until the symptoms are gone or until your physician says he/she is no longer contagious.

- A. An axillary temperature of 100 degrees F or more.
- B. Severe coughing (child turns blue or red in the face).
- C. Difficult or rapid breathing (especially in infants).
- D. Yellowish skin or eyes.
- E. Pinkeye (discharge from the eyes followed by swelling and redness).
- F. Unusual spots or rashes.
- G. Sore throat or trouble swallowing.
- H. Crusty, bright yellow, dry or gummy areas of skin.
- I. Headache or stiff neck.
- J. Vomiting.
- K. Diarrhea.
- L. Severe itching or scratching of the body or scalp.
- M. Lice
- N. Any contagious condition.

If any of the above symptoms are present and if a child appears cranky or less active than usual, cries more than usual, or seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be monitored carefully for the development of symptoms. It is imperative that we all work together to keep all of the children who attend the center as healthy as possible. We thank you for your cooperation. I/we have read and understand the infection control policy and agree to abide by it for the protection of my child as well as others.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date