Admission Agreement Form

Child's Name: _____

Date of Birth: _____

Child's Address: _____

_____

Mother's Name: _____

Father's Name: _____

Payer's Name: _____

(if different than parents)

Parent Handbook:
I (we have received a copy of the Little Big Time Child Development Center's Parent Handbook. I (we) have read and understand its policies and procedures and agree to comply with the program rules and regulations.

_____
(Initials)

Basic Services Offered:
Little Big Time Child Development Center is a licensed child care center providing non-medical care for children ages 2 years through kindergarten in need of person services, supervision, or individual and developmental activities of daily living or for the protection of the social skill and long term academic success. The center's hours are Monday through Friday from 7:30 a.m. to 5:30 p.m. These services will be provided to preschoolers in a group setting (Page 7, Title 22, Division 12, and Chapter 1). Age appropriate lessons, potty training, healthy and nutritional meals and snacks, experience with indigenous languages, music, dance, drama, handwork, painting, gardening, and field trips are integrated parts of the basic services offered for which there are no additional fees.

_____
(Initials)

Enrollment Fee:
I understand that I must submit the one time, non-refundable enrollment fee of $50.00 and payment for the first month's attendance before my child can attend the program.

_____

(Initials)

Billing Statements and Payment Policies:
I understand that following my child's registration and the first month's payment, billing statements will be distributed on the 25th of each month, to be paid the 1st of the following month and will be considered late after the 5th of each month. A late fee of $30.00 will be charged after the 5th. Payments are due each month. LBTCDC reserves the right to terminate enrollment should an account become 30 days overdue.

_____
(Initials)

Terms of this Admission Agreement:
This admission agreement is valid for as long as my child attends the Center.

_____
(Initials)

Returned Checks:
I understand that a processing fee of $30.00 will be charged to my account for all checks that re returned for any reason. I understand that checks returned for insufficient funds will be automatically re-deposited. If more than two checks are returned within a calendar year, I will be subsequently required to pay by cash, money order, or cashier's check.

_____
(Initials)

Sibling Discount:
Following the full payment for one child, a 10% discount is offered to each sibling.

_____
(Initials)

Fees:
$750 per month Full Time Care = Monday – Friday, 7:30 a.m. – 5:30 p.m.

$50 Enrollment Fee

_____
(Initials)

Fees Specific to Your Child:
I understand that the monthly fee for my child to attend the Center will be _____.

For all children my fee will be _____.

_____
(Initials)

Schedule:
My child's weekly schedule will be _____.

_____
(Initials)

Late Pick-Up Penalty:

The Little Big Time Child Development Center closes each night at 5:30 p.m. I understand that if I pick up my child after 5:30 p.m., I will be charged $1.00 per minute past 5:30 p.m. I also understand that if I fail to pick up my child by 5:30 p.m. on more than two occasions, my child's enrollment in the program may be suspended.

_____
(Initials)

Modification of Rates:
At least 30 days advance notice will be given to families prior to any rate changes.

_____
(Initials)

Refund Policy:
In the event that a child is withdrawn from the Center by the parents, any tuition account balance will be refunded on a pro-rate basis but only if the 30 day written notice of intent to withdraw is provided. If there is no 30 day written notice, the account balance is forfeited. In the event that a child is permanenetly expelled from the Center, any account balance will be refunded on a pro-rate basis. There is no refund for days missed, illnesses, doctor's appointments, holidays, etc.

_____
(Initials)

When School is Closed and Minimum Days:
I understand that the Center will be closed on the following holidays as mentioned in the Parent Handbook:

1) New Year's Day
2) Martin Luther King Jr. Day
3) President's Day
4) Memorial Day
5) Fourth of July
6) Labor Day
7) Indigenous People's Day
8) Veterans' Day
9) Thanksgiving (Thursday & Friday)
10) Christmas

I also understand that the Center will have minimum days where they close at 1:00 p.m. on the following days as mentioned in the Parent Handbook:

1) Christmas Eve
2) New Year's Eve

_____
(Initials)

On a Day When your Child Will Not Attend:
I understand that on a day that my child is not able to attend the Center, it is my responsibility to notify the Center as soon as possible and that there will be no reduction in tuition fees for missed days. Also, I understand that there are no refunds of tuition fees for missed days.

_____
(Initials)

Change of Enrollment:
I understand that changes to my child's enrollment at the Center, including withdrawal, must be submitted in writing by the 15th of the month for the changes to be effective the first day of the next month. Withdrawal notices must be submitted 30 days in advance to be eligible for a refund of any remaining tuition balance. Otherwise, the change will be effective the following month.

_____
(Initials)

Daily Sign-In and Sign-Out Policy
According to Child Care Center Regulations Title 22 – 1010229.1, the parent or the authorized representative of the parent will sign the child in and out of the day care center, using his/her full legal signature and shall record the time of day. The person who brings the child to, and remove the child from, the center shall sign the child in/out. Little Big Time Child Development Center also uses Pro-Care Software to register, record, and store sign in/out documentation. I understand that every day I must sign in/out using my Pro-Care ID card. All authorized representatives of the parents will be issued an ID number. I recognize that failure to sign in/out my child may result in suspension of my child's enrollment at the Center.

_____
(Initials)

Release of Children:
I understand that my child will be released only to myself, the other parent, a legal guardian (except where prohibited by state child care law or court order) and to the persons whose names I have listed on my child's Emergency Information Form. I understand that if someone other than my child's parent or guardian is to pick up my child on a specific day, I must notify the Center, even if they are listed on the Emergency Information Form.

_____
(Initials)

Emergency Contacts:
I understand that I am required to maintain at all times at least two additional emergency contacts other than me, including full names, home and work addresses and home and work phone numbers, including cell phone numbers when possible. I understand that I should verify my right to use their names with the individuals that I am designating as my representative prior to giving the names to the center. I understand that in the event of an emergency for which I cannot be reached and the emergency contacts cannot be reached, the staff may contact the police or other emergency authorities.

_____
(Initials)

Child Information:
I understand that it is my responsibility to inform the Center of any changes to the information on the Emergency Information Form, including but not limited to address, home and work phone numbers, and pick-up authorization and medical conditions.

_____
(Initials)

In the Event of Illness:
I understand that I will be contacted should my child become ill while at the Center and I agree to pick up my child promptly upon such notification. I also understand that my child cannot attend the Center on a day in which he/she is ill as defined in the Sick Policy.

_____
(Initials)

In the Event of a Communicable Disease:
I understand that I must inform the Center within 24 hours or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life threatening diseases must be reported immediately.

_____
(Initials)

In the Event of a Medical Emergency:
In the event of a medical emergency, if I cannot be reached, the Center has my permission to contact the physicians listed on my child's Emergency Information Form or have my child transported to a local hospital for care and I will not hold the Center or its employees liable. I understand that I am responsible for all expenses incurred.

_____
(Initials)

In the Even of Violent or Unsafe Behavior:
I understand that I may be contacted should my child display violent, unsafe, or continually inappropriate behavior and I agree to pick up my child promptly upon such notification.

_____
(Initials)

Rights of the Licensing Agency:
The Department of Social Services licensing department, under the authority to inspect, specified in the Health and Safety Code Sections 1596.852, 1596.853 and 1596.8535 has the authority to interview children attending the Child Center or staff without prior to consent (Title 22, Division 12, Chapter 1, 1010200 (b) (c)). "Notwithstanding any other provision of law, the department shall conduct any authorized inspection, announced

site visit, or unannounced site visit of any child daycare facility only during the period beginning one hour before and ending one hour after the facility's normal business hours or at any time childcare services are being provided. This subdivision shall not apply to the investigation of any complaint received by the department if the department determines that an inspection or site visit outside the time period beginning one hour before, and ending one hour after, the facility's normal operating hours is necessary to protect the health or safety of any child in the facility."

Title 22 – 101200 (b) and (c)

The Department has the authority to interview children or staff without prior consent. The Department has the authority to inspect, audit and copy child or child care center records upon demand during normal business hours. Records may be moved if necessary for copying. Removal of records shall be subject to the requirements in Sections 101217(c) and 101200(d).

_____
(Initials)

Conditions Under Which Agreement May be Terminated:
As mentioned above, the Center has the right to terminate enrollment of a child when there has been any one of more of the following:

- The child presents a health or safety threat
- Repeated discipline problems
- Lack of parental cooperation or failure to adhere to any or all responsibilities set forth in the contractual agreement
- Failure to disclose any court-ordered stipulations regarding the child or custody concerns
- On-going late pick-up
- Inappropriate parental behavior to teacher, staff, or children at the Center
- Late payment of fees for three or more months.

_____
(Initials)

Parents Right to Terminate:
Parents have the right to terminate this agreement at their discretion provided that 30 days written notice is provided to the Center.

_____
(Initials)

(End of Agreement Terms)

I have read understand and will comply with the policies and procedures included in this Enrollment Agreement and in the Center's Parent Handbook.

Little Big Time Child Development Center's Director:

_____ _____
Signature Date

Parents or Guardians:

_____ _____
Signature Date

_____ _____
Signature Date

Admission Agreement Last Updated: 8-5-15