

# OPERATIONAL POLICIES

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

## SECTION 1: TUITION AND FEES

\_\_\_\_\_**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ 30 shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than January 31st each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

\_\_\_\_\_**PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks. I also understand that if I am not signed up for auto draft payments there will be a \$5 weekly payment added to my tuition bill to process cash/checks/cards.

\_\_\_\_\_**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$5 per day that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modify notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

\_\_\_\_\_**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from 7am to 6pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$5 per every 5 minutes or portion of fifteen minute period, per child, until the child is picked up.

\_\_\_\_\_**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

## SECTION 2: DAILY PROCEDURE

\_\_\_\_\_**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. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_\_**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_**SUSPENSION/EXPULSION:** I understand that my child may be suspended or expelled in the event he/she has continuous behavioral problems. I understand that it is my responsibility to communicate with the child's teacher how to best improve the situation. I understand that if expelled I do not need a warning but may be expelled on the spot.

\_\_\_\_\_**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_**HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day and possible surrounding days, as well as either Martin Luther King, Jr. Day or President's Day. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absences (i.e. sickness). I agree to pay my child's weekly tuition fee to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_\_**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide

child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

\_\_\_\_ **DAILY DROP OFF:** I understand that we are to drop off our child no later than 10am each day. This is to help keep my child on schedule as well as the teachers and other students. If there is any reason why I need to drop off at a later time I will notify the director so that my child's class is aware and can best prepare.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

\_\_\_\_ **SAFE SLEEP:** I understand the policies put in place for safe sleep and the reason for this is for the safety of my child(ren).

\_\_\_\_ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.**

Parent/Guardian Signature: \_\_\_\_\_

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

Director Signature: \_\_\_\_\_

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

**PHOTO RELEASE:**

Photographs and videos may be taken at Kid's Academy. We may post these pictures/videos on the child care Facebook page/website and in the child care center for displays, scrapbooks, arts and crafts and in advertising.

Please mark the appropriate box:

I give permission       I do NOT give permission

To Kid's Academy to take photographs/videos of the above-named child.

I understand that these photographs/videos will not be sold or distributed.

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

Parent/guardian Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_