

ENROLLMENT CONTRACT

Parents are a vital component to Seedlings Academy philosophy and the success of your child. Please **initial** next to each item. We want to be sure you **understand and agree** with these policies.

_____ It is my/our desire to have my/our child/ren enrolled in the childcare program at **Seedlings Academy**.

_____ I/we have received a copy of the **Seedlings Academy Parent handbook**.

_____ I/we have read, understand and agree to abide by the policies contained therein.

_____ I/we understand that if the policies outlined in the handbook were not adhered to, it would be sufficient cause for the removal of the child/ren from Seedlings Academy.

_____ I/we understand that I/we must provide completed FLORIDA physical and immunization forms to **Seedlings Academy**.

_____ I/we understand the childcare tuition is \$_____ per week and will be adjusted as my child/ren progress to the next classroom and the \$150 registration fee is due annually.

_____ I/we understand tuition payment is due Monday by 5:30 P.M. Late fees will be applied to \$20.00 per day if paid after this time/day.

_____ I/we understand that our child/ren must be dropped off by 9:00 am daily. If you need to plan to drop off between 9:00 a.m. – 10:30 a.m., please speak with the Director. Even with prior arrangements children will not be accepted after 10:30 am.

_____ I/we understand that my child/ren must be symptom/fever free and un-medicated for a 24-hour period (one full school day) prior to returning to school or presenting a doctor's note allowing their return.

_____ I/we understand the late pickup fee is \$3.00 per minute (paid directly to the teacher accompanying your child.). If it is not paid on that day, it will be added to your tuition the following week.

_____ I/we understand the pickup policy for someone other than parental pick up.

_____ I/we understand the illness policy.

_____ I/we understand the meal policy.

_____ I/we are contracting for year-round arrangements, unless participating in the before & after care or summer camp program for school age children.

_____ I/we understand the discipline policy, and I/we have read and shared the childcare rules with my/our child/ren.

_____ I/we understand the returned check policy.

_____ I/we agree to give a minimum of two weeks written notice (ten full childcare days) of my/our intent to withdraw my/our child/children from the child care program and agree to make full tuition payment for the final two weeks.

_____ I/we have read, understand and agree to the accident /injury and financial responsibility statement.

Parent signature

Date

Child's Name

Date