



## TUITION AND ENROLLMENT AGREEMENT

**Full Name of Student(s):** \_\_\_\_\_

**Full Name Person Responsible for Tuition:** \_\_\_\_\_

**Home Address (Street, City, State, Zip Code):** \_\_\_\_\_

I (We) wish to enroll the above named student in Mi Palacio Child Development Center (School) for the 2015-2016 year (September 1 to August 31).

### **POLICIES**

Please **initial** next to each item:

#### **Period of Enrollment:**

\_\_\_\_\_ My child / children will attend School the following days:

\_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

\_\_\_\_\_ I understand and agree that the period of enrollment shall be for the entire 2015-2016 year. If a student enters after the school year has begun, the enrollment period will be from the date of enrollment to the last day of school as published in the current year school calendar.

\_\_\_\_\_ I understand and agree that there will be no refund, credit, or remission of fees or tuition in the event of the absence, withdrawal, or exclusion of the student from Mi Palacio Child Development Center except as provided in the Withdrawal from School and the Mandatory Withdrawal Policy (see p. 3).

\_\_\_\_\_ I understand and agree that if the policies outlined in the Parents' Handbook are not adhered to, it will be sufficient cause for the removal of my child / children from the daycare program.

\_\_\_\_\_ **Emergency Medical Attention:** If I cannot be contacted by phone, I give my express consent to Mi Palacio Child Development Center, or any agency acting in its behalf, to secure and provide any medical or dental attention deemed necessary for my child at the discretion of Mi Palacio Child Development Center. I further agree to assume complete financial responsibility for any and all medical or dental expenses incurred on behalf of my child under the above conditions. I agree to release, indemnify and hold harmless Mi Palacio Child Development Center and its agents for any and all damages arising from medical conditions, both known and unknown, not directly caused by the daycare's gross negligence.

**Full Time Students Payment Options:** Tuition will be charged every four weeks or every two weeks regardless of closings due to holidays, inclement weather, professional development days or student absences due to health, vacation, exclusion, or withdrawal. There will be no refund, credit, or remission of fees or tuition, or make-up days provided for holiday or inclement-weather based closings and/or absences for any reason.

Please initial the payment option you desire:

\_\_\_\_\_ Every four weeks

\_\_\_\_\_ Every two weeks

\_\_\_\_\_ I understand and agree that I have to pay the tuition regardless of the days missed for illness, student vacations, national holidays, school breaks or weather related closures. There are no refunds for absences.

\_\_\_\_\_ I understand and agree the tuition has to be paid in advance.

**Part Time Students Payment:** Tuition will be charged for the full month for agreed upon days regardless of closings due to holidays, inclement weather, professional development days or student absences due to health, vacation, exclusion, or withdrawal. There will be no refund, credit, or remission of fees or tuition, or make-up days provided for holiday or inclement-weather based closings and/or absences for any reason that occur on a part-time student's scheduled day.

\_\_\_\_\_ I understand and agree that I have to pay the tuition regardless of the days missed for illness, student vacations, national holidays, school breaks or weather related closures. There are no refunds for absence.

\_\_\_\_\_ I understand and agree the tuition has to be paid in advance.

\_\_\_\_\_ **Late Payments:** A late fee of \$20.00 will be applied to payments not made in advance of services provided. In the event any payment shall be more than 15 days late, Mi Palacio Child Development Center shall have the right to withhold any and all services for the student and/or parent. The tuition and any other costs that have not been paid are due immediately.

\_\_\_\_\_ **Change of time option:** I understand that I can request to change time options effective the first of each month provided I give written notice to the Director on or before the 20th of the previous month and that these requests are considered on a space available basis.

\_\_\_\_\_ **DC Health Forms:** I understand that the District of Columbia requires that I provide the following medical documents to Mi Palacio Child Development Center and that they be updated as needed:

- DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE (Proper completion of this form requires annual or bi-annual well-check updates as well as vaccination record updates)
- ORAL HEALTH ASSESSMENT (Ages 3 and Older)

\_\_\_\_\_ I understand that failure to provide Mi Palacio Child Development Center timely updates of these forms will result in a District of Columbia required absence until the forms are completed and provided to Mi Palacio Child Development Center.

**TERMINATION OF CARE**

If you decide to terminate childcare for any reason, Mi Palacio Child Development Center requires a written notice 60 days in advance in order for your deposit to be reimbursed. If the center can no longer attend to your child for any reason we will give you a two-week notice, if possible. There may be a time when immediate termination is warranted. It is important for policies to be understood and followed.

Examples of why Mi Palacio Child Development Center would terminate your child's care with or without notice include (but may not be limited to):

- Failure to complete legally required forms
- Lack of parental cooperation
- Failure of child to adjust to the facility after a reasonable amount of time
- Inability of Mi Palacio to meet the child's needs without additional staff
- Lack of payment

\_\_\_\_\_ I understand and concur that this agreement shall be in effect until which time parent/guardian or Mi Palacio Child Development Center has given termination notice in accordance to the Parent Handbook policy or with the negotiation of a new contract.

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I have read and understand the Mi Palacio Child Development Center Enrollment and Tuition Agreement. I agree to support and abide by the policies as specified above.

Parent(s) Signature: \_\_\_\_\_

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

Please keep a copy of this Enrollment and Tuition Agreement for your records.