

Early Learning Preschool

Enrollment Contract for the 2010-2011 School Year

Preschool: T/TH AM/PM 9:00 am – 11:30 pm 12:30 pm – 3:00 pm
Pre-K: MWF AM/PM 9:00 am – 12:00 pm 1:00 pm – 3:30 pm
Pre-K: MWF 4HR 9:35 am – 1:35 pm or T/TH 4HR 9:35 am-1:35 pm

Student Name: _____ Sex: F _____ M _____

Age (as of September 1, 2009) _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Guardian#1 _____ NMDL# _____

Address _____

Home Phone _____ Cell/Pager _____

Place of Employment _____ Work # _____

Guardian #2 _____ NMDL# _____

Address _____

Home Phone _____ Cell/Pager _____

Place of Employment _____ Work# _____

**Children may be released to either parent even if one is not included on this form.
Custody arrangements require a copy of the legal documents submitted to the Director**

EMERGENCY CONTACT / AUTHORIZED PICK UP PERSONS: In addition to the guardian(s) listed above, we will release children to the following individuals with a note or phone call from the parent. The child may also be released to the following individuals in an emergency situation when the guardians cannot be reached.

Any person picking up a child will be required to show a valid picture ID.

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Pediatrician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

List specific health/development concerns: (i.e. illness, allergies, handicaps, special needs, sensitivities, medications, etc.)

PROGRAM POLICIES

Sign in and out procedures – ELP requires that guardians sign their child in and out from the classroom.

Pick-up and tardiness – Parents will be assessed a \$1.00 per minute late charge which should be paid directly to the teacher(s) on duty. Repeated tardiness (3times or more) may result in cancellation of enrollment.

_____ (please initial)

Absences – Because our expenses are fixed we cannot give credit or make up days for absences.

Holidays/school Breaks – Tuition payments are based on the amount of days students will be attending at \$5.50 an hour. The months that have scheduled holidays or breaks will not be prorated. For your convenience, tuition payments are distributed into 9 ½ monthly payments.

Tuition Payments – are due by the first of the month and are delinquent on the sixth. (If payment is received on the sixth, it is considered late.) A \$10.00 late fee will apply on delinquent tuition. If a payment is not made by the 10th day of the month, ELP will automatically drop the child from enrollment in the school. Check or money order is the only accepted form of payment, no cash or credit cards are accepted. Other payment arrangements may be made with the Director. **The registration fee (\$80.00 new students, \$70 returning students) is non-refundable.**

_____ (please initial)

Cancellation of Enrollment – ELP requires a two week written notice to cancel enrollment. Guardians will be responsible for tuition during that two-week period. ELP reserves the right to refuse service to anyone.

I agree to pay \$_____ monthly tuition on or before the fifth day of the month. I, the undersigned, agree to abide by all ELP Inc. program policies and volunteer requirements.

Guardian’s signature _____

EMERGENCIES

In case of an emergency, ELP will make every effort to contact the guardians of the child involved prior to any treatment being provided. However, in the event we are unable to make contact with guardians, we require this medical release to be signed.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY EARLY LEARNING PRESCHOOL TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD. _____ (PLEASE INITIAL)

I ALSO AUTHORIZE THE CENTER TO ARRANGE FOR THE DEPARTMENT OF PUBLIC SAFETY TO TRANSPORT MY CHILD IN AN EMERGENCY SITUATION. _____ (PLEASE INITIAL)

It is further understood that the undersigned will assume full responsibility for any such treatment including the payment of all costs, and will hold the ELP program, its Board of Directors, Director, Teachers, Staff and volunteers harmless there from.

Guardian’s Signature _____ **Date:** _____

Guardian’s Name: (please print) _____

Insurance Carrier _____ **Policy #** _____

RELEASE OF LIABILITY

I hereby agree to hold harmless the ELP Inc. Board of Directors, Director, Teachers, Staff, and volunteers from any liability related to any and all ELP activities and programs. I acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities take place.

Guardian’s Signature _____ **Date:** _____