## TIPP CITY ENRICHMENT PROGRAM

Office Use Only:	
Received on:	Staff Initials:

ENROLLMENT AGREEMENT:	SCH	SCHOOL YEAR/SUMMER PROGRAM	
Grade:		School:	
Child's Name: B	oy Girl G	School Year Tuition:	
Parent Name:	, 0	Summer Tuition:	
(Guardian/Custodial Parent) (Please Print)		PT: 1-3 days FT: 4-5 days Half Day: 9:00-12:30 Full Day: 9:00-3:00	
Phone # for One Call Now:	<del></del>	\$10.00 Weekly Discount for 2 <sup>nd</sup> child	
(1 number allowed	•		
I. Attendance Information:	Preschool	Half Day Full Day (please check)	
A. Beginning Date:		nent Half Day Full Day	
B. Scheduled Days of Attendance:	Before School		
**Please let the office know of any schedule changes**	After School Summer		
II. Further Information:			
A. NSF/Returned Checks:	IV. (	Other Terms	
1. A \$25 NFS Fee will be charged to your	,	A. Parent Handbook: I agree that I have received a	
account for a returned check.		copy of the Parent Handbook with this	
2. NFS Checks may result in your account		Enrollment Agreement. I acknowledge and will	
being placed on a "Cash or Money Order		abide by the policies in the Parent Handbook	
Only" status.		which is incorporated into this Enrollment	
B. Closings:		Agreement.	
1. Site will be open regular school days	]	B. <u>Information:</u> I understand if there is a	
from <b>6 am</b> to <b>6 pm</b> unless inclement		change in the information provided by me	
weather makes it impossible.		for this Enrollment Agreement, I agree	
2. Site will be closed on the following		to update such information with the	
holidays: New Year's Eve, New Year's		Director's office.	
Day, Memorial Day, July 4 <sup>th</sup> , Labor Day,	(	C. <u>Transportation:</u> I understand I must notify	
Thanksgiving Day, Day after		the Director's office, my child's school and	
Thanksgiving, Christmas Eve and		teacher of any changes in transportation or	
Christmas Day.		attendance schedule. The Director's office	
**If Holiday falls on Saturday, the site will be CLO	SED	will contact transportation (bussing).	
on the Friday before. If the Holiday falls on Sunday		D. <u>Illness:</u> If my child is ill, I agree to call the	
site will be CLOSED the following Monday.**	, the	site to let them know my child will not be	
C. Early Dismissal, School Delays & No		attending. I also agree that if my child is or	
School:		becomes ill while at the site, I will pick up, or	
1. Site will be open on these days unless		make arrangements to have my child picked up,	
inclement weather makes it impossible.		if I am requested to do so by the director or	
D. Withdrawal Policy:		staff.	
1. One week notice of disenrollment is		E. <u>Disenrollment:</u> I understand services may	
		be terminated at any time without notice as	
required. E. <u>Late Pick-Up:</u>		deemed necessary or appropriate, by	
1. Chronic late pick-up will result in late		the management.	
fee of \$1 per minute over closing time.		the management.	
	.f V	Laive normission for my shild to be	
<ol><li>Repeated offenses may result in termination o services.</li></ol>		I give permission for my child to be	
		photographed.	
III. Tuition Charges & Fees:		YES NO	
A. Receiving County Assistance:YesNo	The	(Please circle your response)	
B. Registration Fee: A non-refundable registration fee of \$ (per family) is due	e at <b>condi</b>	e read, understand and accept the above terms and tions described in this Policy & Tuition	
time of enrollment.		ement. I understand this is a legal and binding	
C. <u>Fee Schedule:</u> Weekly tuition payments	agree		
are due in advance, by Friday of each	Paren	nt (Guardian or Custodial Parent)	
week for the following week.			
D. Arrears: Accounts two weeks in arrears			
may result in immediate disenrollment;	(Signa	ature)	
however, upon payment, enrollment may			
be reinstated.			
E. <u>Payments</u> : Tuition payments may be made by cash, check, ACH-debit or money order.	Date:		