

price list

Childcare

Monday-Friday 6:30-6:00

Summer 3 years-5th grade	\$160	per week
--	--------------	-----------------

School Year 3-5 year-olds	\$225	per week
----------------------------------	--------------	-----------------

Includes preschool & pre-k classes 9:15-3:00

School Year K-5th grade	\$60	per week
---	-------------	-----------------

Before OR After School Only

School year K-5th grade	\$110	per week
---	--------------	-----------------

Before AND After School

Preschool

Monday-Friday 9:15-12:30	\$75	per week
---------------------------------	-------------	-----------------

Must be 3 and potty trained

Pre-K

Monday-Friday 9:15-12:30	\$75	per week
---------------------------------	-------------	-----------------

Must be 4 by August 1, 2025, and potty trained

Pre-K Full Day

Monday-Friday 9:15-3:00	\$120	per week
--------------------------------	--------------	-----------------

Must be 4 by August 1, 2025, and potty trained

Registration Fee \$50 per family summer/\$75 per family school year

Preschool/Pre-K Supply Fee \$30

2025-2026 School Calendar

Tipp City Enrichment Program

DATE	EVENT/HOLIDAY	NOTES
15-Aug	Last Day of Summer	
18 & 19 Aug.	CLOSED	
20-Aug	First Day K-5	
21-Aug	First Day Kindergarten	
25-Aug	First Day of Preschool/Pre-K	
1-Sept.	Labor Day Closed	
10-Oct	No School-Open for childcare only	
13-Oct	No School-Open for childcare only	
26-Nov	No School-Open for childcare only	
27-Nov	Thanksgiving Break-CLOSED	
28-Nov	Thanksgiving Break-CLOSED	
22-23 Dec	No School-Open for childcare only	
24-26 Dec.	Christmas Break-CLOSED	
29-30 Dec	No School-Open for childcare only	
31st Dec	New Years Break-CLOSED	
1-Jan	New Years Break-CLOSED	
2-Jan	No School-Open for childcare only	
5-Jan	First day back from Winter Break	
19-Jan	MLK DAY-CLOSED	
13-Feb	No School-Open for childcare only	
16-Feb	Presidents Day-CLOSED	
23-27 March	No School-Open for childcare only	
3-Apr	No School-Open for childcare only	
21-May	Preschool/Pre-K Graduation	
22-May	Last Day of TCEP	
25-May	Memorial Day-CLOSED	
26-May	TCEP CLOSED	
27-29 May	Professional Development-CLOSED	
1-Jun	First Day of Summer Program	
19-Jun	Juneteenth-Closed	
3-Jul	Independence Day-Closed	

On childcare only days there will be no preschool or Pre-K classes. We will be open for anyone enrolled in the before and after school program for children 3

August 2025						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2026						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

September 2025						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

March 2026						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

October 2025						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2026						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

November 2025						
Su	M	Tu	W	Th	F	Sa
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2026						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

December 2025						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2026						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

January 2026						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

July 2026						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

ENROLLMENT CONTRACT 2025-2026

Child's Name: _____

Date: _____

Email Address: _____

It is my/our desire to have my/our child/children enrolled at **Tipp City Enrichment Program**.

- ☐ Summer 2025 ☐ Before School Care 2025-26 ☐ After School Care 2025-26
- ☐ Childcare & Preschool/Pre-K 2025-2026 (6:30 A.M.-6:00 P.M.) must be 3 years old by 8/1/2025.
- ☐ Preschool/Pre-K ONLY Program 2025-2026 must be 3 years old by 8/1/2025

Preschool/Pre-K Programs & Preschool/Pre-K Childcare

(Subject to change based on Tipp City School's Schedule)
All Children must be fully potty-trained to be enrolled in the program

- ☐ Monday-Friday 9:15-12:30: Must be three years of age by August 1, 2025 and potty trained
- ☐ Monday-Friday 9:15-3:00: Must be four years of age by August 1, 2025 and potty trained
- ☐ Monday-Friday 6:30 a.m. – 6:00 p.m. Must be three years old by August 1, 2025 & potty trained

School-Age Childcare Program

(Subject to change based on Tipp City School's Schedule)
My/Our child/children will attend childcare the following hours:

AM START TIME

PM END TIME

MON:		If you are AM only, please put time of arrival.
TUE:		
WED:		If you are PM only, please put time of departure
THUR:		
FRI:		

For the school age program starting August of 2025 my child will be going into _____ grade.

Sunscreen Program (Summer Only)

This program will provide SPF 80 sunscreen for your child/children for the entire summer program for the following cost (optional):

\$25 for one child \$35 for two children \$40 for three or more children

_____ I wish to enroll in the 2025 Sunscreen Program Amount paid: _____

Office Use Only:

Starting on _____ your tuition will be due in the amount of \$ _____

Registration fee of \$ _____ (paid at time of enrollment)

Registration fee of \$ _____ (will be taken by ACH)

Enrollment confirmation & receipt will be emailed to the address on file!

I/we have received a copy of the Tipp City Enrichment Program's policy handbook. I/we have read, understand, and agree to abide by the policies contained therein. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the program.

I/ we have read and understand the parent/student behavioral code of conduct agreement.

I/we also agree to give a minimum of two weeks written notice of my/our intent to withdraw my/our child/children from the program. If two weeks notice is not given, I/we agree to make full tuition payment for the final two weeks. Unpaid free days (vacation/sick days) cannot be applied to the final two-week period.

Please initial next to each item. We want to be sure you understand and agree to these policies.

_____ I/we understand that I/we must provide a completed medical form withing 30 days of our start date if my child is enrolled in the preschool or pre-k classrooms.

_____ I/we understand if I am enrolled in the part-time program, there will be extra charges during school weeks if there is a snow day, late start, or early dismissal.

_____ I/we understand that on occasion photos will be taken of the children at the center for use within the center or on our website and/or newsletter.

_____ I/we understand tuition payments are due on the Friday before the week of service. If payment is not made by Tuesday of the week of service a \$10 late charge will be added to my account.

_____ I/we understand that any account that is 2 weeks past due will be unenrolled from the program.

_____ I/we understand the late pickup/early drop off fee is \$2.00 per minute.

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

_____ I/we understand the illness policy.

_____ I/we understand the meal/snack policy.

_____ I/we are contracting for: **PICK ONE** (school year only, summer only, both summer and school year) arrangements.

_____ I/we understand the behavior policy and I/we have read and shared the rules with my/our child/children.

_____ I/we understand that our child/children can be dismissed from the program at any time due to violation of the rules and/or the code of conduct.

_____ I/we understand the returned check or ACH return policy.

_____ I/we understand that if I/we are contracting for the school year childcare that I have ten free days that I can use for vacation, sickness, or holidays in which my child does not attend.

_____ I/we understand that if I/we are contracting for the summer only childcare that I have five free days that I can use for vacation, sickness, or holidays in which my child does not attend.

_____ I/we have read and understand the parent/student behavioral code of conduct agreement which is part of the parent handbook.

_____ I/we understand and acknowledge that anyone enrolled in the summer program is required to apply and reapply sunscreen while in attendance.

_____ I/we give permission to TCEP to apply/reapply sunscreen as needed while in attendance.

_____ I/we understand that TCEP has a sunscreen program and if my child has not brought their own sunscreen to the program on the first day, I will be charged the sunscreen fee.

Parent

Date

Parent

Date

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's				Home Telephone Number <input type="checkbox"/> Same as Child's	
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's				Home Telephone Number <input type="checkbox"/> Same as Child's	
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State		City	
Telephone Number		Relationship to Child		Telephone Number	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name
<p style="text-align: center;">Allergies, Special Health or Medical Conditions, and Medical Foods</p> <p>Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.</p>
<p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain: </p> <p>Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food. </p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. </p>

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.
<input type="checkbox"/> Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section)
☐ No (If no, fill out the following:)

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Family Information 2025 – 2026

Parent/Guardian Name: _____

Email: _____

Child's Name:	Birthday:
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child.</i>	
Who lives at home with your child?	
Names and ages of any siblings?	
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?	
Are there any cultural or religious practices of your family we should be aware of?	
Do you have any pets at home? If so, what are they and what are their names?	
How would you describe your child's personality and behavior?	
Has your child ever had a diagnosis or evaluation for any special needs or behavioral challenges? If yes, please explain:	
Does your child have an IEP or 504 Plan in the public school system?	
Are there things that frighten your child?	
What routines/actions or items do you use to comfort your child?	
What causes your child to feel angry or frustrated?	
What methods do you use to respond to your child's negative behavior?	
What are your expectations of this program?	
What other information would be helpful to your child's teacher?	

APPROVED PICK UP LIST

School Year: 2025 - 2026

Family Name: _____

Children: _____

Parent Signature: _____

Persons unknown to staff members will be asked for photo identification for verification against this list prior to the child being permitted to go to the person.

Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____
Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____
Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____
Name: _____ Relationship: _____ City, State: _____ Phone Number: _____	Name: _____ Relationship: _____ City, State: _____ Phone Number: _____

ACH AUTHORIZATION

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Tipp City Enrichment Program (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Name of Financial Institution _____

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

Set Amount: \$ _____ Monthly _____ Weekly _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

⑈ 123456789 ⑆ 1234567890123 ⑈
Routing Number Account Number