

## **Tipp City Enrichment Program – 2026 Rates**

### **Option 1: Full Day Childcare – Preschool / Pre-K**

- **Schedule:** Monday–Friday, 6:30 a.m. – 6:00 p.m.
- **Weekly Rate:** \$240.00
- **Enrollment Fee:** \$75.00 (due at registration)
- **Curriculum Fee:** \$30.00 (due by the first day of school)

**Note:** We accept Publicly Funded Childcare through the State of Ohio (formerly Title 20). **Until funding is reinstated, all new enrollments for this program will be placed on a waitlist. No timeline has been given by the state.**

### **Option 2: Half Day Academic Program – Preschool / Pre-K (No Childcare Included)**

- **Schedule:** Monday–Friday, 9:15 a.m. – 12:15 p.m.
- **Weekly Rate:** \$85.00
- **Enrollment Fee:** \$75.00 (due at registration)
- **Curriculum Fee:** \$30.00 (due by the first day of school)
- **Children do not attend during two-hour delays, snow days or holidays.**

### **Option 3: Full-Day Academic Program – Preschool / Pre-K (No Childcare Included)**

- **Schedule:** Monday–Friday, 9:15 a.m. – 3:00 p.m.
- **Weekly Rate:** \$140.00
- **Enrollment Fee:** \$75.00 (due at registration)
- **Curriculum Fee:** \$30.00 (due by the first day of school)
- **Children do not attend during two-hour delays, snow days or holidays.**

### **Option 4: Kindergarten–5th Grade Before & After School Childcare**

- **Schedule:** Monday–Friday
  - **Before School Care Only:** 6:30 a.m. – 8:45 a.m. – \$75/week
  - **After School Care Only:** 3:20 p.m. – 6:00 p.m. – \$75/week
  - **Both Before & After School Care:** \$120/week
- **Enrollment Fee:** \$75.00 (due at registration)
- **Additional Fee:** \$15 per day during snow days or holidays if enrolled in only before or after school care

### **Option 5: Summer Childcare Only (Ages 3–5th Grade)**

- **Schedule:** Monday–Friday, 6:30 a.m. – 6:00 p.m.
- **Weekly Rate:** \$175.00
- **Enrollment Fee:** \$50.00 (due at registration)
- **Activity Fee:** \$50.00 (due by the first day)
- **Optional:** Sunscreen Program Available. All children enrolled in the summer program must wear sunscreen.

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- All children must be 3 years old and potty-trained by their start date.
  - All preschool & pre-k children must turn in a completed medical exam within 30 days of their start date.

**Tipp City Enrichment Program – Enrollment Contract**

- All children must be **3 years old and potty-trained** by their start date.

Child's Full Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

**I WISH TO ENROLL MY CHILD IN THE FOLLOWING OPTION/OPTIONS:**

\_\_\_\_\_ **Option 1: Full Day Childcare – Preschool / Pre-K**

- **Schedule:** Monday–Friday, 6:30 a.m. – 6:00 p.m. August-May
- **Weekly Rate:** \$240.00
- **Enrollment Fee:** \$75.00 (due at registration)
- **Curriculum Fee:** \$30.00 (due by the first day of school)

\_\_\_\_\_ **Option 2: Half Day Academic Program – Preschool / Pre-K (No Childcare Included)**

- **Schedule:** Monday–Friday, 9:15 a.m. – 12:15 p.m. August-May
- **Weekly Rate:** \$85.00
- **Enrollment Fee:** \$75.00 (due at registration)
- **Curriculum Fee:** \$30.00 (due by the first day of school)
- **Children do not attend during two-hour delays, snow days or holidays.**

\_\_\_\_\_ **Option 3: Full-Day Academic Program – Preschool / Pre-K (No Childcare Included)**

- **Schedule:** Monday–Friday, 9:15 a.m. – 3:00 p.m. August-May
- **Weekly Rate:** \$140.00
- **Enrollment Fee:** \$75.00 (due at registration)
- **Curriculum Fee:** \$30.00 (due by the first day of school)
- **Children do not attend during two-hour delays, snow days or holidays.**

\_\_\_\_\_ **Option 4: Kindergarten–5th Grade Before & After School Childcare**

\_\_\_\_\_ **AM ONLY** \_\_\_\_\_ **PM ONLY** \_\_\_\_\_ **FULL DAY**

- **Schedule:** Monday–Friday August -May
  - **Before School Care Only:** 6:30 a.m. – 8:45 a.m. – \$75/week
  - **After School Care Only:** 3:20 p.m. – 6:00 p.m. – \$75/week
  - **Both Before & After School Care:** \$120/week
- **Enrollment Fee:** \$75.00 (due at registration)
- **Additional Fee:** \$15 per day during snow days or holidays if enrolled in only **before or after school care**

\_\_\_\_\_ **Option 5: Summer Childcare Only (Ages 3–5th Grade)**

**Schedule:** Monday–Friday, 6:30 a.m. – 6:00 p.m.

- **Weekly Rate:** \$175.00
- **Enrollment Fee:** \$50.00 (due at registration)
- **Activity Fee:** \$50.00 (due by the first day)

**SUNSCREEN PROGRAM (SUMMER ONLY – OPTIONAL)**

TCEP offers a sunscreen program providing **SPF 80 sunscreen** for the entire summer.

- \$25 – One child
- \$35 – Two children
- \$40 – Three or more children

**Amount Paid:** \$ \_\_\_\_\_

\_\_\_\_\_ I/we agree to provide a **minimum of two (2) weeks written notice** to withdraw.

\_\_\_\_\_ I/we understand that without proper notice, **full tuition for the final two weeks is due**, and free days may not be applied.

\_\_\_\_\_ I/we understand a completed medical form must be submitted **within 30 days** of the start date for Preschool/Pre-K.

\_\_\_\_\_ I/we understand part-time enrollment may incur **additional charges** during snow days, delays, or early dismissals.

\_\_\_\_\_ I/we understand photos may be taken for center use, website, or newsletters.

\_\_\_\_\_ I/we understand tuition is due **Friday prior to the week of service**.

\_\_\_\_\_ I/we understand payments not received by Tuesday will incur a **\$10 late fee**.

\_\_\_\_\_ I/we understand accounts **two weeks past due** will be unenrolled.

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

\_\_\_\_\_ I/we understand the pick-up authorization policy.

\_\_\_\_\_ I/we understand the illness policy.

\_\_\_\_\_ I/we understand the meal/snack policy.

\_\_\_\_\_ I/we are contracting for:  School Year Only  Summer Only  Both

\_\_\_\_\_ I/we understand the behavior policy and have reviewed rules with my child.

\_\_\_\_\_ I/we understand children may be dismissed for rule or conduct violations.

\_\_\_\_\_ I/we understand the returned check/ACH policy.

\_\_\_\_\_ I/we understand school-year contracts for childcare include **10 free days**.

\_\_\_\_\_ I/we understand summer-only contracts include **5 free days**.

\_\_\_\_\_ I/we understand sunscreen must be applied/reapplied during summer attendance.

\_\_\_\_\_ I/we give permission for TCEP staff to apply/reapply sunscreen as needed.

\_\_\_\_\_ I/we understand that if sunscreen is not provided on the first day, the sunscreen fee will be charged.

**Parent/Guardian Signature:** \_\_\_\_\_

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

**OFFICE USE ONLY**

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

- Weekly Tuition Amount: \$ \_\_\_\_\_
- Registration Fee: \$ \_\_\_\_\_  Paid at enrollment  ACH
- Enrollment confirmation and receipt will be emailed to the address on file.

Ohio Department of Children and Youth  
**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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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		State
Telephone Number		Relationship to Child		Relationship to Child	
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

**Allergies, Special Health or Medical Conditions, and Medical Foods**

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 DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes - *check all that apply*     Food     Medication     Environmental    Please list and explain:

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? (*check one*)

- No  
 Yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No  
 Yes - please explain

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? (*check one*)

- No  
 Yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No  
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No  
 Yes - a DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on file.  
 N/A - program does not provide meals or snacks to the child.

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.

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.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

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**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b> <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Program or Home Name			Program or Home Name	
<b>has permission</b> 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.			<b>does not have permission</b> 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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

**Reset Form**

# Child Care Center Pick-Up Authorization Form 2026-2027

Family Name: \_\_\_\_\_

Children: \_\_\_\_\_

## Parent / Legal Guardian Information

Primary Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Secondary Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Authorized Pick-Up Persons

Only the individuals listed below will be allowed to pick up my child.

**Photo ID is required at pick-up if a person is unknown to staff members.**

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: _____

# **CUSTODY & VISITATION INFORMATION**

Additional information is required if your child is **not living with both biological or adoptive parents**. Please complete this form if it applies to your child.

Please note that this information will be kept in your child's personal file and will be used **only for safety purposes and daily release from the program**.

Child's Full Name: \_\_\_\_\_

Name of Parent/Guardian Enrolling Child: \_\_\_\_\_

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## **Custody & Legal Documentation**

Do you have legal documents on file with the county of your residence regarding the custody and visitation of your child?

Yes     No

*(If yes, please proceed with completing this form. If no, please speak with an enrollment team member.)*

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## **Type of Custody Held**

Which of the following do you hold?

Physical Custody     Legal Custody

Do you have:

Joint Custody (shared parenting)     Sole Custody

**NOTE:** A copy of the custody agreement must be on file at the center before the child can be enrolled.

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## **Visitation Agreement**

Do you have a written visitation agreement?

Yes     No

**NOTE:** A written visitation agreement is required if you do **not** have sole custody.

You may provide a statement signed by both parents explaining your child pickup arrangements.

## **Signatures**

Parent/Guardian Signature: \_\_\_\_\_

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

# 2026 Code of Conduct

## Parent/Student Behavioral Code of Conduct Agreement

The following is a summary of the responsibilities that the Tipp City Enrichment Program (TCEP) and its Board require each parent and school-age student to review and sign.

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### Student Behavior Expectations

- Students should be respectful toward teachers, other students, and parents.
  - Profanity, rude behavior, or inappropriate language will not be tolerated.
  - Students are not to argue, talk back, or speak negatively to teachers.
  - Students will follow all discipline guidelines listed in the Family Handbook.
  - Students will respect all electronic and social media guidelines.
- 

### Parent/Adult/Sponsor Expectations

- Parents should be positive role models for students enrolled in TCEP.
  - Parents should maintain a positive attitude toward students, teachers, and other adults, as their attitude will be reflected in the student's behavior.
  - Parents should treat other students and adults the way they would want their child—or themselves—to be treated.
  - Parents will follow all guidelines listed in the Family Handbook, including program fees and on-time payments.
- 

### Inappropriate Conduct

Any parent or child who engages in a physical or verbal altercation with another parent, staff member, or child while on TCEP property, or who violates any of the above codes of conduct, will face **immediate removal from the program**. All final decisions are at the discretion of the TCEP Director and Board.

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I HAVE READ AND UNDERSTAND THE PARENT/STUDENT BEHAVIORAL CODE OF CONDUCT AGREEMENT.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student (K–5th Grade) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Family Information

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name:	Birthday:
<i>By providing complete information about your child, you will be assisting staff in creatin 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?	

# 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