

2016/2017 Enrollment & Tuition Agreement

I hereby contract to (re) enroll my child, _____, as a student of the Rosslyn Children's Center, beginning on the ____ day of _____ 20____. In contracting for the enrollment of my child, I understand and fully accept and agree to the following provisions of this enrollment & tuition agreement:

1. Tuition is currently \$_____per month.
2. A security deposit in the amount of one month's tuition per child is due in full upon enrollment. This deposit will be refunded in full within thirty (30) days of the child's last date of attendance, provided that either the Rosslyn Children's Center has received written notification of withdrawal no later than two months preceding my child's withdrawal date or that Rosslyn Children's Center has given two months (60 days) written notice that this agreement is terminated. The deposit is forfeited in full if my child does not begin as scheduled or if my child is withdrawn without the aforementioned written notification
3. A \$25.00 deposit is required per parking key card. The deposit is fully refunded upon return of the key cards. Interim replacement cost is \$40.00. It is understood and agreed that the parking card(s) may be used to access Parking Garage B and only be used for drop off and pick up of my child(ren) My parking key card #s are _____ and _____.
4. There is a \$50.00 non refundable registration fee per child upon initial enrollment.
5. There is a \$35.00 charge for each check tendered in payment of any fee which is dishonored by the payer's bank.
6. Full tuition is due by the third (3) business day of each month. A fee of \$10.00 per day is charged for late payment. An account which is fifteen (15) days in arrears may result in dismissal of the child.
7. There will be no tuition refunds or pro-rated tuition for days a child missed due to illness, vacation, or any other reason.
8. Rosslyn Children's Center is not responsible for any personal property (clothing, toys, equipment, etc) brought to the center.
9. Any attorney's fees incurred by the Rosslyn Children's Center in the enforcement of the terms of this agreement will be paid by the party who has breached the terms of the agreement contained herein.
10. Center hours are 7:30am – 6:00pm. Parents picking up children after 6:15pm will be charged \$15.00 for the first five minutes or any part thereof and \$1.00 per minute per child for any subsequent time. A late pick up parent will sign a form at the time of pickup. *Repeated violations of the pick-up policy may result in dismissal of the child.*
11. Tuition increases will occur annually.
12. *Continued enrollment in Rosslyn Children's Center is conditioned upon abidance of the guidelines contained herein as well as the guidelines/parent code of conduct in the Parent Handbook.*

Agreements*****

1. The parent/guardian gives authorization for the child to participate in field trips. Yes.____ No____
2. The Rosslyn Children's Center agrees to notify the parent/guardian whenever a child becomes ill and the parent/guardian agrees to pick up the child within an hour of being notified. There will be a \$15.00 per hour fee charged for each hour or part thereof after this.
3. *The parent/guardian gives authorization for email contact information to be included on the secured portion of the RCC website. Yes_____ No _____*
4. The parent/guardian agrees to notify Rosslyn Children's Center within 24 hours (or the next business day) after his/her child or any member of the immediate household has developed any reportable communicable disease, except life threatening, which must be reported immediately.
5. The parent/guardian authorizes the Rosslyn Children's Center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

In signing this enrollment and tuition agreement, I affirm that I have read and understand its contents and agree to be bound by its provisions.

Parent/Guardian _____ Date _____
 Parent/Guardian _____ Date _____

The Rosslyn Children's Center hereby accepts the enrollment of the child named herein above and acknowledges the payment of the registration fee and the one month's tuition deposit for said child and agrees to be bound by the provisions of this enrollment and tuition agreement.

RCC Administration _____ Date _____
 RCC Administration _____ Date _____

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We appreciate your completing this form accurately and legibly. THANK YOU

Child's Name _____ Male ___ Female ___

Birthday: ____/____/____ Documented Allergies: _____

Ongoing medication(s)/condition(s): _____

Parent/guardians name: _____ Cell# _____

Address: _____ Home# _____

_____ Email _____
city state zip

Employer _____ Work# _____

Parent/guardians name: _____ Cell# _____

Address: _____ Home# _____

_____ Email _____
city state zip

Employer _____ Work# _____

THE FOLLOWING IS REQUIRED INFORMATION AND MUST BE KEPT UPDATED...

Child's Physician _____ Phone# _____

Hospital Preference _____

Insurance _____ **Policy #** _____ **Phone** _____

Information of two local persons to contact if parents cannot be reached.

(1) Name _____ Address _____

Relationship to child _____ authorized to pick up Yes ___ No ___

Home Phone _____ Work phone _____

(2) Name _____ Address _____

Relationship to child _____ authorized to pick up Yes ___ No ___

Home Phone _____ Work phone _____

Other persons authorized to pick up: _____