

# EARLY LEARNING ACADEMY PRESCHOOL



## Enrollment / Registration Form • 2018-2019

Name of Child \_\_\_\_\_

### Services

Early Learning Academy Preschool provides care, supervision, and academic instruction for children two years of age to Pre-Kindergarten. Morning and afternoon snacks are included. Children registered for morning and all-day sessions are to bring lunch. Additional services such as photographs, music appreciation, karate, gymnastics, and speech and language assessments may periodically be made available for an extra charge.

**I agree to pay the following tuition:**

### FULL DAY PROGRAM (7:00 AM - 6:00 PM)

|   |                   |
|---|-------------------|
| 5 Full Days Per Week                                  | \$1,185 Per Month |
| 3 Full Days Per Week (M-W-F only for age 3-4)         | \$915 Per Month   |
| 2 Full Days Per Week (T-TH not available for age 3-4) | \$785 Per Month   |

### MORNING PROGRAM (8:00 AM - 12:00 PM)

|  |                 |
|--|-----------------|
| 5 Mornings Per Week                                  | \$890 Per Month |
| 3 Mornings Per Week (M-W-F only for age 3-4)         | \$690 Per Month |
| 2 Mornings Per Week (T-TH not available for age 3-4) | \$545 Per Month |

- There is an **additional fee per month** for children in diapers or pull-ups:  
 \$95 for 5 day children                      *Please note: Child must be accident-free for 30 days*  
 \$70 for 2-3 day children                      *in order to be removed from diaper fee.*
- This application must be accompanied by a **non-refundable \$100 Registration Fee (\$50 if submitted before May 1<sup>st</sup> for spring re-enrollment of returning students only).**
- The above rates are subject to change with 30 days notice.
- **No fee credit is allowed on days when school is closed.** These days have been figured into the tuition.
- Currently registered children may attend on an occasional basis on days that are not their scheduled days if there is room. Please call ahead and check with the office to make a reservation. Extra days are charged at the following rate:  
 Full day (7:00 am - 6:00 pm)                      \$80.00 per day  
 Half day (8:00 am - 12:00 pm or 12:30 pm - 6:00 pm)                      \$50.00 per half day

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## Payment Options:

Payments are due on the first day of the month. Fees not paid by the fifth will be billed a late charge of \$25 on the 5<sup>th</sup>. Accounts that are not paid within 30 days are subject to interest at the rate of 18% per annum from the due date. Accounts will also be assessed a \$25 charge for a returned check or other dishonored payment.

Option 1: Monthly - Due the first of each month.

Option 2: Full Payment (September - June) - 5% discount if paid by Sept. 1.

Payments may be made by Electronic Funds Transfer (preferred) or by check. Check payments may be processed electronically.

## Enrollment/Re-Enrollment

A registration fee of \$100 is charged upon enrollment in the program and each spring during reenrollment to secure a spot for your child in the new school year, which begins in September. There is no tuition credit for non-attendance or illness and no make-up days will be permitted. If you *re-enroll* your child and if your account is presently current *before* May 11st, you may submit just \$50 of the re-enrollment fee instead of \$100 as a "thank you" gift.

## Vacation Policies

**Initials** Children who are removed from the program for vacations will receive credit for up to two weeks per school year (Sept. 1 – Aug. 31), with no more than one week allowable at a time. Credit amounts will be \$240/wk. for full day 5-day children; \$180 for full day 3-day children; \$130 for full day 2-day children. All variations of this will be prorated by our bookkeeper. No further credit will be given for more time off; full tuition must be paid. Parents who leave for more than 4 consecutive weeks may choose to withdraw their child and pay a registration fee upon re-enrollment, however, the child's space will not be held during the absence and there will be no guaranteed re-entry without full payment.

## Withdrawal/Termination Policies

**Initials** Upon withdrawal or schedule change, a two-week written notice is required. Tuition will be prorated to the withdrawal date, or in the absence of a written notice, two weeks after the withdrawal.

Early Learning Academy Preschool reserves the right to terminate a child's enrollment due to nonpayment of fees, behavior problems, lack of parental support, or for any other reason, with no refund given.

## Late Pick Up

**Initials** There is a late pick up charge of \$10.00 per child for 1-10 minutes (or each portion of an hour) of extra time from 12:00 - 6:00 pm for half day children who are picked up late. For anyone who picks up a child after 6:00 pm, there is a charge of \$20 per child for late pick up from 6:01 to 6:05, plus an additional \$1 per minute from 6:06 or later.

## Notice

The Department of Social Services, Community Care Licensing Division, has the inspection authority specified in Health and Safety Code Sections 1596.852 and 1596.853. Health and Safety Code Section 1596.852 provides in part that any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of this act, or the regulations adopted by the department pursuant to this act.

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## 2018-19 Child / Family Information:

\_\_\_\_\_ Male / Female  
Child's Last Name First Name Birth Date Circle one

\_\_\_\_\_ Home Address Home Phone

\_\_\_\_\_ Parent #1 Name Office Phone Cell Phone E-mail

\_\_\_\_\_ Parent #2 Name Office Phone Cell Phone E-mail

### My child has the following allergies, health issues, or social issues:

Medication/Treatment needed: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name and Policy # \_\_\_\_\_

By signing below, you agree to give consent to Early Learning Academy Preschool to provide emergency medical or dental care and to make any necessary relocation and/or release decisions deemed necessary to preserve life, limb, or well-being of your dependent child.

### The following people are authorized to pick up the above child from Early Learning Academy Preschool:

| Names: | Relationships: | Daytime Phone Numbers: |
|--------|----------------|------------------------|
| _____  | _____          | _____                  |
| _____  | _____          | _____                  |
| _____  | _____          | _____                  |

### Parent Handbook

The Parent Handbook, which is distributed on the first day of the school year, contains additional information about Early Learning Academy Preschool and its program and procedures. By signing below, you agree to abide by the information and procedures found in the handbook.

I have read, understood, and agree to abide by the Enrollment Payment Agreement.

\_\_\_\_\_ Person(s) legally & financially responsible for child

\_\_\_\_\_ Date

\_\_\_\_\_ Early Learning Academy Preschool Director

\_\_\_\_\_ Date

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## Enrollment Check-List

Child's Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

I have received and read a copy of the Parent Handbook and agree to abide by the policies and procedures stated therein.

I have received and read the current tuition schedule and policies regarding payment of fees and agree to abide by them. I understand that **Early Learning Academy** does not give refunds or credits for illness or vacations and charges a fee for re-enrollment after extended absences.

I have received a copy of the calendar and am aware of the school's scheduled holidays.

I am aware that Early Learning Academy Preschool reserves the right to terminate a child's enrollment due to non-payment of fees, behavioral problems, lack of parental support, or for any other reason with no refund.

I give my consent for Early Learning Academy Preschool to provide all emergency medical or dental care prescribed by a duly licensed physician or dentist for whatever conditions are necessary to preserve life, limb, or well-being of my dependent child.

I give consent for Early Learning Academy Preschool to make any necessary relocation and/or release decisions deemed necessary to provide the safety and care of my child.

I grant permission for my child to join the class on neighborhood walks and play at the local park.

I grant permission for my child to be photographed by the school or professional photographers. I understand that some unnamed school photos may be used for the school's website.

I am aware that Early Learning Academy Preschool plans field trips from time to time for which additional fees are charged. I understand that no care is available at the school on these field trip days.

I have handed in or received the forms required by the State:

LIC 700 Emergency Information

LIC 627 Consent for Emergency Medical Treatment

LIC 701 Physician's Report

Immunization Card from Dept. of Health

LIC 702 Health History

LIC 995 Parent's Rights (received)

LIC 613A Personal Rights (received)

\_\_\_\_\_  
Parent's or Guardian's Signature