



White Rose Academy Enrollment Agreement

Child's Name: _____ Date of Birth: _____ Age: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

Employer's Address: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

Employer's Address: _____

Guardian's Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

Employer's Address: _____

Child will attend the Center: Full Day/Part Day (circle as appropriate) Start Date: _____

Child will attend the Center on the following days: Mon Tues Wed Thur Fri (circle as appropriate)

A non-refundable registration fee of \$50.00 is payable on signature of this Agreement, along with the child's first week's tuition.

A security deposit equal to one week's fee is required, to be applied to the last week's payment or to the termination notice period if proper notice is not given.

Attendance fees are payable on Monday of each week. A late fee of \$25 will be charged if payment is not received by close of business on Wednesday.

Weekly attendance fee for your child is \$_____

A past time fee of \$1.00 per minute will be added to your child's tuition if your child is not picked up after the Center's normal closing time.

A service charge of \$25 will be added to your child's tuition for each returned check.

Care will not be provided, but payment is due, on the following holidays when they occur on a day the child is regularly scheduled for care: New Year's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day; Christmas Day

In addition, the Center will be closed one Friday in March (to be announced) to allow the staff to attend the State Conference for the Michigan Association for the Education of Young Children. Fees will not be charged for this day.

Severe weather and other situations beyond our control may require the Center to close. All attendance fees will be applicable in these circumstances.

Attendance fees will be applicable if the child is unable to attend the Center due to illness.

Fees will be waived for up to two weeks per attendance year for family vacation, provided at least two weeks notice is given. Additional time off will incur attendance fees to secure the child's continued enrollment in the Center.

White Rose Academy will accept children aged 12 months to 12 years of age. White Rose Academy will not discriminate against any individual or group because of race, sex, religion, national origin, or disability.

All enrolled children must submit up to date immunization records and a completed Health Appraisal form.

Termination of this agreement by the parent or guardian must be in writing and requires two weeks notice.

White Rose Academy may terminate this Enrollment Agreement at any time upon written notice.

White Rose Academy reserves the right to terminate the enrollment of any child who is unable to adjust to the Center's program.

White Rose Academy may terminate this agreement without written notice if the attendance fees are over two weeks past due. Fees will still be applicable.

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for care provided.

Signature on behalf of White Rose Academy

Date

Mother's signature

Date

Driver's License #

Father's signature

Date

Driver's License#

Guardian's signature

Date

Driver's License #