

Enrollment Agreement

Child's Full Legal Name:.....

Date of Birth:.....

Parent/Legal Guardian Name(s):.....

Please initial each section below, then sign and date the last page.

Withdrawal from program:

.....I understand that I must provide a minimum of one (1) month written notice of withdrawal from the program. I agree to pay **full tuition and fees for the month** whether my child(ren) attend or not to Kinder Cabin.

reduce days or change schedule

.....I understand that, I will need 1 month in advance to do the appropriated change. However, if I want to change my child's schedule, this will depend on the number of spots/ days available at Kinder Cabin for the desired days.

Absences/vacations/closing days:

.....I agree to inform the school if my child(ren) will be absent on any day. I understand that no allowances, credits, refunds or make up days shall be make.

.....I understand that school will not refund any holidays or closing days due to inclement weather.

Registration fee:

.....I understand that an annual, non-refundable Registration fee of \$200 shall be paid every June 1st.

Your child's position is reserved upon receipt of annual nonrefundable **registration fee and the first month tuition fee**, Please enroll carefully; once you pay if you decide not to proceed to take the spot **this deposit is non-refundable**.

.....I understand that school charges \$2 every minute I am late, and \$20/hour after school is closed.

.....I understand there is a late fee of \$35 if I pay tuition after the 1st. There is a \$35 fee for bad checks.

..... I agree that, If I decide to take my kid (s) out of school for summer and re-enroll for the fall, full payment must be paid before the end of June (tuition is based on the current year).

Child Accident insurance:

..... In case of accident I understand that my health insurance or myself is the primary responsible party for payment for the cost of the whole treatment for my child(ren), including any copay and deductible

Illness and re-admission:

.....I understand that I will be notified should my child(ren) become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up. If my child(ren) is exposed to or contracts a contagious disease, I agree to notify school and I understand that my child(ren) will be re-admitted according to our Handbook.

Behavior/Special needs:

.....I understand that Kinder Cabin does not make it a policy to deny enrollment on the basis of a child with special needs and/or difficult behavior, however, if our staff realize that they do not have the training, equipment, facilities, etc. to handle the child, Kinder Cabin will not accept or will withdraw the child(ren) from school.

Parent’s Handbook:

.....I have received a copy of Kinder Cabin’s Parent’s Handbook. I have read and understand its content and policies and agree to be bound by same.

No modifications:

No terms of this agreement may be altered, revised, modified, or deleted by any person except in cases of Kinder Cabin policy change or rate change to which both Kinder Cabin and I must initial

Parent or legal Guardian

Signature

Date

School Director

Signature

Date