



ADMISSION AGREEMENT

Personal Information

CHILDS Name: _____ Date of Birth: _____

PARENT Name: _____

Address: _____

Cell Phone #: _____ Work Phone #: _____

Home Phone #: _____ E-mail: _____

PARENT Name: _____

Address: _____

Cell Phone #: _____ Work Phone #: _____

Home Phone #: _____ E-mail: _____

EMERGENCY Contact's Name (s) (other than parents): _____

Phone #: _____ E-Mail: _____

Any known allergies? _____

CHILD CARE CLASS SCHEDULE

Desired Start Date _____ (Tuition is due day of enrollment)

Infant/toddler (6 weeks -23 months old)

Monday – Friday ☐ 7:30am- 4:30pm

Preschool (2 y/o – 4 ½ y/o)

Monday – Friday ☐ 7:30am- 4:30pm

- Guided free-play indoor and outdoor.
- A creative curriculum that allows for growth of personal development in all domains (physical, cognitive, social and emotional, and linguistic)
- 2 nutritional snacks throughout the day (breakfast and lunch will be provided by parents)
- A period of rest.
- Toilet training when the child is developmentally ready.

Payment Provisions

Basic Rates: All fees are due on the 1st of each month, and are payable by check or online via the Brightwheel app @ Mybrightwheel.com

Infants (6 weeks-18 months)/Full time= \$1,800 per month

Toddler (19-35 months)/Full time= \$1,550 per month

Preschool (36–60 months)/Full time=\$1,300 per month

Parents who are receiving CAPSLO childcare resource connection assistance must show proof of approval. You are responsible to directly pay Happy Feet Children's Center your co-pay each month. Rate may vary according to CAPSLO disbursement. If CAPSLO billing lapses it is your responsibility to pay the full tuition amount until CAPSLO notifies us otherwise.

Fees

-A \$100 deposit fee is required to reserve the child's place during the enrollment process.

-A \$15 fee is charged for late tuition payment on the 3rd of the month. Special payment arrangements may be made in advance with the director.

-A service fee of \$25 will be charged for any returned checks.

-Understand that no credit will be given for short-term absences due to illness, family emergencies, doctor visits, hospitalizations, vacations, or any other reason.

-Please note that tuition rates do not change in the event of a week that includes a holiday.

Children picked up after SCHEDULED pickup time will be charged a late pickup fee per child, for every ten minutes (or portion thereof) they are late as follows: \$10.00 for the first occurrence; \$15.00 for the second occurrence; \$20.00 for the third occurrence, etc.

After 3 late pickups within a 60 day period there could be a potential termination of childcare.

After extensive research, we have found our policy to be consistent with other schools and child day care centers. Because our costs remain the same throughout the year, we rely on the specified tuition to be paid each week in order to meet our expenses. Consequently, as much as we might like to, we cannot make allowance for any days missed in your regular attendance schedule.

Initial_____ Initial_____

Modification conditions

So that HFCC may maintain the quality of services provided to your child a price in rates may increase periodically. A 30-calendar day advance notice will be given prior to any basic rate change that may occur.

Refund policy

There is a strict NO REFUND policy.

Sign-In Protocol

You must sign your child in when you drop him or her off at the beginning of each day because this gives us permission to care for your child. Please plan to spend a few minutes discussing anything that might affect your child's day. The center can be fined for missing signatures therefore, if you fail to sign in you will be notified and expected to return to the center to sign in (we cannot sign in for you).

Initial_____ Initial _____

Sign-Out Protocol

You must sign your child out upon pick-up. Remember only you or an authorized representative listed on the child's Identification and Emergency Information sheet are allowed to remove the child from the center. Pick-up person may be asked to show a photo ID to staff who are not familiar with them.

Your child anxiously anticipates your arrival. We ask that families be mindful of the time it takes to leave the building at pick-up. Staff is scheduled until 4:45pm and the goal is for everyone to be out of the building by that time. Parents are requested to call the Center if they know they will be late picking up their child. Late fees will still be charged. If a parent or guardian has not been able to be contacted within thirty minutes of the closing time, Child Protective Services will be notified.

Initial_____ Initial_____

Rights of the licensing agency

As stated in the TITLE 22, INSPECTION AUTHORITY OF THE DEPARTMENT Health and Safety Code Section 1596.852 provides: "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 the act."

Reasons for termination

Withdrawal & Dismissal Policy: A two-week notice is required before withdrawing a child from our center. Account must be paid in full before withdrawing—including your child's tuition for that two-week period. Any account past due at time of disenrollment will be paid through our electronic withdrawal option.

The director at HFCC reserves the right to cancel the enrollment of a child at his/her discretion, or for the following possible reasons:

- Non-payment or excessive late payments of tuition and fees
- Not observing the rules of the center as outlined in the parent agreement
- If a child has special needs that we cannot adequately meet with our current staff
- Physical and/or verbal abuse of staff or children by parent or child
- Expired immunizations or non-immunizations

*Required forms should be completed and returned to the Director at least two weeks before your child's start date.

*Parent and child are required to have at least 1 scheduled visit of the classroom before enrollment.

Parent/Legal Guardian's signature _____ Date _____

Parent/Legal Guardian's signature _____ Date _____

FOR OFFICE USE

Deposit Received: Date _____ \$ _____ Director: _____

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Tuition Received: Date _____ \$ _____ Director: _____