



Enrollment Contract

Child's Name (First, Middle, Last):	Birthdate:
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Please initial each section listed below, check off on the highlighted areas and then sign and date the last page.

SECTION 1: ENROLLMENT, TUITION POLICIES, AND FEES

_____ **ENROLLMENT:** I have enrolled my child in Koala Bear Child Care (KBCC) owned by Presbyterian Homes and Services. I understand that Koala Bear Child Care only accepts children for *full-time* enrollment.

_____ **IMMUNIZATION POLICY:** I understand that my child must be up to date with all vaccinations to attend KBCC, and will continue to follow the suggested vaccination schedule, as set forth by the CDC and followed by pediatricians, unless a medical exemption is granted.

_____ **10 HOUR RULE:** I understand that my child can only attend KBCC for a maximum of 10 hours per day. Late fees will be applied. (See Late Pick-up Fee's Below)

_____ **REGISTRATION AND ENROLLMENT FEES:** A registration fee of \$100.00 and two weeks of tuition per child is due at the time of enrollment and shall be paid in advance. The registration fee is non-refundable and will not be applied toward tuition. Two weeks of tuition per child is due at the time of enrollment and will be applied to the last two weeks of care. If you choose not to start, the \$100 fee and the two weeks of tuition is non-refundable. The fees will be applied each time the child is re-enrolled or registering additional children.

_____ **ANNUAL RE-ENROLLMENT FEE:** There is an annual re-enrollment fee of \$50 per child (or maximum of \$125 per family) that guarantees your child's spot for summer and an annual re-enrollment fee of \$50 per child (or maximum of \$125 per family) that guarantees your child's spot for fall. The fee is non-refundable.

_____ **TUITION:** Fees are calculated on a weekly basis. I understand that rates are subject to change with reasonable notice as conditions require. A new rate may be applied when my child moves to an older classroom.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, every other Friday via cash, check, or through Automated Clearing House (ACH).

_____ **LATE OR UNPAID TUITION:** If payment in full is not received by due date, I agree to pay a late fee of \$25.00 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. Koala Bear Child Care cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition may be sent to a third-party collection agency.

_____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for a payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

_____ **LATE PICK-UP FEES:** Koala Bear Child Care is open from 7:00am to 5:30pm, Monday through Friday all year, except for holidays and other dates noted in the Family Handbook. I understand that if I fail to pick up my child by the scheduled closing time, or by the 10-hour mark since my child was signed in, I will be charged a late fee of \$10.00 every ten (10) minutes or portion of ten (10) minute period, per child, until the child is picked up.

_____ **FIELD TRIP AND ADDITIONAL FEES:** Field trip fees will be applied to each child in the classroom in which the field trip occurs. If the child is absent or ill, all field trip fees are non-refundable. Any outside programs that come to Koala Bear Child Care are optional, and subject to an additional fee that I agree to pay if I would like my child to participate.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition is offered to me per week and applied to the child with the lowest tuition rate. Discounts are not applicable on any fees or services.

_____ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If I am enrolled in ACH, I agree to the same conditions as above. I will be responsible for the principal amount plus all returned fees.

SECTION 2: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** I understand that Koala Bear Child Care is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, and Day after and/or before Christmas Day. If a holiday falls on a weekend, it will be observed the preceding Friday or the following Monday.

In addition, we will be closed President's Day and a consecutive Thursday and Friday in August or September for cleaning and staff in-service.

I agree that I will not receive a refund, credit or any other allowances for holidays or pre-planned closures.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absence.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is Koala Bear Child Care's intention to be open and provide child care service every weekday of the year, excluding holidays, President's Day and two (2) days in August or September for in-service, but that inclement weather, natural/national disaster/pandemics or major building issues may disrupt service from time to time. I will contact

Koala Bear Child Care to ensure that it is open during inclement weather/natural disaster/pandemics. For weather-related closings during the months of October - March, full tuition must be paid for the first two (2) days that the center is closed. If KBCC closes more than two (2) times due to weather, I will be refunded 15% per closure on the next tuition cycle.

SECTION 3: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day on the Procure App. I understand my child is not permitted to sign him/herself out.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child within one (1) hour or make other arrangements for an authorized emergency contact person to pick up on such notification. If my child is exposed to, or contracts, a contagious disease, I agree to notify the school and I understand that my child will be re-admitted to the re-admission criteria in the Family Handbook. I understand that my child must be able to participate in all activities, inside and outside, to attend Koala Bear Child Care. If s/he is not able to participate, a teacher will call a parent/guardian and the child must be picked up.

_____ **PHOTOGRAPH AND VIDEO RELEASE:** Koala Bear Child Care, may may not use photographs or videos for a variety of media (including but not limited to print publications, websites, Facebook and other social media) for the purpose of PHS (Presbyterian Homes and Services) and Koala Bear Child Care marketing, promotion or fundraising. These photos/recordings are owned by PHS and Koala Bear Child Care. I grant PHS and Koala Bear Child Care permission to reproduce, distribute and publicly display the photos/recordings in any form, alone or in any combination with other images, text, and graphics, and with or without identifying my child.

_____ **PHOTOGRAPH AND VIDEO RELEASE PROCARE APP:** Koala Bear Child Care, may may not take and post photographs or videos of my child on PROCARE.

_____ **MEDICAL PERMISSION:** I Hereby grant permission for Koala Bear Child Care to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. Any expenses incurred will be the legal parent/guardian's responsibility.

_____ **EQUIPMENT:** I hereby grant my child to use all play equipment and materials and to participate in all the activities each day.

_____ **WALKING FIELD TRIPS/WALKS:** I hereby grant my child to go on walks around the PHS grounds, within the local area for educational outings and other school-sponsored events. I will authorize specific walking field trips by signing a form for each walking field trip my child is off campus.

_____ **HAND SANITIZER:** I hereby grant permission for hand sanitizer to be applied to my child.

_____ **MINNESOTA DEPARTMENT OF HUMAN SERVICES AND HEALTH NURSE CONSULTANT:** I hereby grant permission for DHS and our Health Nurse consultant to have access to my child's file.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a 14 days' written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether my child attends. Tuition will not be prorated if you withdraw in the middle of a week. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entirely new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate, and two (2) weeks of tuition. If there is an outstanding balance, (including tuition or fees) when my child is withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, Re-enrollment, or Activity) are non-refundable.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state childcare regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state of MN may prevail over these policies when the policy is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents 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 policy change or rate change.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder.

I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date: