



WESTLAKE DAYCARE & PRESCHOOL ENROLMENT AGREEMENT

This Enrolment Agreement, effective the _____ day of _____, 20____, is between Westlake Child Care & Preschool and

_____ and
Mother/Legal Guardian

_____ (“Client”)-
Father/Legal Guardian

parents/legal guardians of _____

Child's Name/Date of Birth

1. **Enrollment requirements:** You agree to submit: admission forms, first month tuition payment and security deposit. Provider will review all applicants and will only deposit payments once a child is admitted to the program. If your enrollment is denied, all forms and payments will be voided.
2. The **security deposit of \$1,850.00** applies toward the child’s last calendar month of enrollment. It is non-refundable and can not be prorated. You agree to provide a **30 day written notice** for the **termination of services**. And you further acknowledge that failure to do so will result in a forfeit of the full deposit as required by Westlake Daycare/Preschool (WDP) policy.

Tuition: Full time tuition is **\$1,850.00 per month**. Prorated daily fee is **\$100.00 per day**. **Venmo payments must be payable to: (Daycare) @ Irina- Tsyura, (Preschool) @Tamara- Shek**. Tuition is non-refundable regardless of holidays, illnesses or missed days.

You understand that you will not be billed for the tuition and that it is your responsibility to make the payment on the **1st day** of each month. You understand that there is a returned check charge fee of \$25.00 for each returned check or late payment.

3. **Hours and schedule: MONDAY – FRIDAY 7:30 am – 6:00 pm**
If you are going to be late please call. You agree to pay an **overtime charge** if late at the rate of \$1.00 per minute for the first five minutes and \$2.00 for each additional minute after 6:05pm. Fees for late pick-up are payable immediately or no later than next drop off time; if not paid, the child will not be readmitted to the program starting the next day.
4. **Vacations and holidays:** I will be closed on the following **days** with **pay: Labor Day, Columbus Day, Veterans Day, Thanksgiving Days, Christmas Days, New Year Days, Martin Luther King, Presidents Day, Memorial Day, Independence Day, Juneteenth** **Winter Break- Last week of December**
A space is reserved and tuition paid for your child 52 weeks a year.
NO REDUCTION IN FEES FOR THE ABOVE DAYS OFF OR OTHER DAYS YOUR CHILD DOES NOT ATTEND
(Including your desired vacation time)
5. **Sick policy:** Children are to stay home if they have a doctor’s appointment regarding an illness. In addition, your child must stay home if there are any of the following symptoms for at least **24 hours after the last event: fever, body rash, vomiting, diarrhea, pink eye, lice**. It is mandatory that you make arrangements for your sick child by calling on your own resources. You will need to pick up your child immediately if your child is ill or have an assigned person.

6. **Emergency:** I will call 911 in the case of an emergency. I will notify the parents immediately to pick up their child. I have smoke detectors and fire extinguishers that meet state law. **I am certified in CPR, First Aid, Preventive Health and Safety.** I will report any accident requiring treatment by a physician to the proper agency. I will make every effort to ensure the safety of your child while in my care. **Unfortunately, minor accidents may occur. Parents are responsible for medical bills.**
7. **Medication:** I will not be permitted to distribute prescription medications or over the counter medications for all illnesses. NOTE: asthma is not considered an illness but a disease that allows me/WDP provider to dispense asthma medication with written instructions from you and your doctor and a signed form (ask if needed).
8. **Health requirements:** Within one week of admission, I must have your child's immunization record on file. It is important to keep in mind that in compliance with state laws, forms must be updated from time to time. Please bring me a copy of your child's shot records each time they go to the doctor and receive a new immunization.
9. **Program:** A safe and nurturing learning environment with a daily routine is provided for children to thrive and develop. A good balance of structured activities and free play. Monthly curriculum, quiet time to rest/nap and **delicious hot meals (breakfast, lunch, dinner).**
10. You agree to notify the provider of any allergies, food sensitivities or special diet.
11. **Toys:** All of the toys are provided by WDP. I cannot be responsible for toys brought from home.
12. **Religion:** I do not teach religion of any kind at WDP; however I will celebrate Christmas with a tree and have decorations for other various holidays.
13. **Field trips and outings:** I do not take the children on field trips or outings. If I ever decide to, parents will be provided a consent form prior to any field trip.
14. **Guidance and discipline:** I establish clear rules that children can understand; redirect when possible; use time in as a last resort. If I see a pattern of discipline issues, a meeting will be set up to create a plan. **Biting is not acceptable.** You will be asked to meet with me to set up a plan. If biting continues your contract will be terminated in 30 days. **Aggressive behavior is unacceptable,** if I witness a child losing self control, hurting others, not being able to regulate emotions or behavior, the child will have to be picked up immediately. I may terminate this contract at will. (e.g. if I feel that your child is not a good fit for the program and requires a separate adult to supervise him/her at all times, disrupts nap time and other activities; If unacceptable behavior such as biting, hitting, fighting, swearing etc. is noticed and continues for more than 3 weeks, disrupting daily activities or hurting other children, etc.)
15. **Supplied by parents:** Diapers, Extra clothes, Sunscreen (Please mark everything)
16. **Potty training:** I will assist with potty training in our DAYCARE facility. Children entering **PRESCHOOL are required to be potty trained.**

By signing this contract, Client acknowledges that has read and agrees with all of the above as well as Provider's policies and agrees to follow them. Provider may amend my policies at any time by giving Client a copy of the new policies at least two weeks before they go into effect.

Please enroll Client's child _____

_____ Full time program (Mon-Fri)

Parent's Signature _____

Date _____

Provider's Signature _____

Date _____