

**CHILD DEVELOPMENT CENTER
EARLY EDUCATION AND CHILD CARE PROGRAM
ENROLLMENT CONTRACT**

We _____ agree to enroll our child (ren) in the Child Development Center Program licensed by the State of Michigan. We agree that our registration fee of _____ is non-refundable.

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

Part 1: Contract Provisions provided by child care facility:

Parent Handbook/Notification

We have received and read the enclosed Parent Handbook developed by the Child Development Center and agree to comply with all of the rules, policies and responsibilities stated therein. The Child Development Center has reserved the right to modify the rules and policies at its sole discretion with 30 days written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

Enrollment

Upon enrollment, the Parent is required to submit a nonrefundable enrollment fee of \$ _____. The enrollment fee is used to offset the administrative expenses incurred in processing enrollment applications. The registration fee may not be used to offset childcare tuition. Parents must also agree to turn in and update as required by state law a child information card, child information sheet, permission form, copy of immunizations, current physical or statement of good health, signed contract, and signed handbook acknowledgement.

Nutrition

If your child is on solid foods and milk and they are in attendance during the meal times listed below, they will be served the meal that is scheduled for that time frame. The Child Development Center tuition includes the meals listed below:

Breakfast served from 8:00 to 8:30

Lunch served from 11:00 to 12:00

P.M. Snack served from 3:00 to 3:30

For children less than one year old, foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center. If you have any questions about the Child and Adult Care Food Program, please contact your Center Director or Child and Adult Care Food Program, Michigan Department of Education, P.O. Box 30008, Lansing, MI 48909, (517) 373-7391.

An early breakfast is available to the children at a reasonable cost to the families. Please see the current rate sheet for the cost of the early breakfast which is served from 7:30 to 8:00.

Schedule of Attendance:

Schedule changes for all changes including vacations and regular schedule changes are due on Monday prior to the week of the change. Please choose one of the two options below for your child’s schedule.

Option 1 = Fixed Schedule

(Our schedule will change on a very infrequent basis – less than or equal to one change per month)

I/We understand that: if we choose the fixed schedule our weekly rate will be a fixed amount and will not change from week to week. For example, a child who has a fixed schedule of 3 days per week misses a day due to a vacation or a sickness and only attends 2 days that week will still be charged the fixed amount of 3 days. A holding fee for vacations of not less than 5 consecutive days is the only exception to this rule. Please see the holding fee section.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

_____ 1 day per week	Fixed Tuition Rate _____
_____ 2 days per week	Fixed Tuition Rate _____
_____ 3 days per week	Fixed Tuition Rate _____
_____ 4 days per week	Fixed Tuition Rate _____
_____ 5 days per week	Fixed Tuition Rate _____

We agree to pay the Child Development Center _____ per week for our schedule of _____ days per week. This fee includes tuition and any applicable meals provided during the hours that your child (ren) is (are) scheduled. We agree to pay the full fixed weekly rate regardless of absences.

Option 2 = Variable Schedule

(Schedule must change at least twice monthly to qualify)

I/We understand that if the variable option is chosen, a schedule change must be turned in weekly and schedule changes are due on Monday prior to the week of the change. I/We also understand that we are required to pay for the days that we have scheduled for regardless of absence or illness.

Vacations / Holding Fees

I/We understand that a holding fee of ½ of our fixed weekly rate (or average variable week) will be charged for vacations. A vacation must be 5 consecutive days. There is no charge for any additional consecutive vacation weeks. A holding fee will only reserve your space in the program for a maximum of 3 months.

Photo Release

We authorize the Child Development Center to photograph our child _____ during his/her attendance to be used for advertising purposes.

Father/Guardian Signature _____ Date Signed _____

Mother/Guardian Signature _____ Date Signed _____

Additional Contract Information

We understand that the Child Development Center reserves the right to adjust the fixed weekly child care rate with 30 days written notice.

We further agree that the childcare fees are to be paid in full on Monday of the week in which services are rendered. We also agree to pay any applicable late payment penalties and late pick-up fees established in the parent handbook.

We acknowledge that the Child Development Center will release my child to only those persons authorized on the Child Release Card. We further acknowledge agreement with The Child Development Center’s standard procedures used at the release of children in special circumstances.

Finally, we agree that either party may terminate this agreement with 2 weeks written notice. In the event we do not provide two weeks written notice of withdrawal, we agree to pay the Child Development Center an amount equal to two weeks of child care fees. We also acknowledge that the Child Development Center may terminate this agreement without notice if my child’s continued participation in the program creates a direct threat to the safety of my child, other children, or the Child Development Center or its staff.

If any provision of this contract, the attached program policies, rules and responsibilities is held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract.

This contract constitutes the entire agreement among the parties to it and supercedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or condition not set forth in this contract has been made or relied upon by either party.

This contract shall be governed by the laws of the State of Michigan.

Father/Guardian Signature	Social Security	Date Signed
Mother/Guardian Signature	Social Security	Date Signed
Center Director Signature		Date Signed

In accordance with Federal civil rights laws and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individual who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the “USDA Program Discrimination Complaint Form”, (AD-3027) found online at <http://www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by: Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; Fax: (202)690-7442 or Email: program.intake@usda.gov. This institution is an equal opportunity provider.