



**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.

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(Printed Name of Child)

(Date of Birth)

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(Printed Name of Child)

(Date of Birth)

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(Printed Name of Child)

(Date of Birth)

**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 as child information card, child information sheet, permission form, copy or waiver of immunizations, current physical or statement of good health, signed contract, and signed handbook acknowledgment.

**Nutrition:**

The Child Care Food Service prepares all food for the center. We serve nutritious and balanced meals in which the use of salt, fats, sugars, colorings and preservatives is minimized. We are a peanut free facility. The Child Development Center tuition includes the meals listed below:

Breakfast: 8:00am-8:30am  
Lunch: 11:00am-12:00pm  
P.M. Snack: 2:00pm-2:30pm  
Late Afternoon Snack: 5:00pm-5:30pm

Whole milk is served to children 1 to 2 years of age and 1 %milk is served for those over 2 years of age. If a parent wishes to change this policy for their child, a written request from the pediatrician is necessary.

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.

**Schedule of Attendance:**

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

**Fixed Schedule:**

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. 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.

<b>Fixed Schedule</b>		
<b><u>Day Of The Week</u></b>	<b><u>Drop Off Time</u></b>	<b><u>Pick Up Time</u></b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Variable Schedule:**

I/We understand that if the variable option is chosen, a schedule change must be turned in weekly and schedule changes are due on Wednesday by 11am prior to the week of the change. I/We 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 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 three months.

**Photo Release:**

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

We don't authorize the Child Development Center to photograph our child \_\_\_\_\_ during his/her attendance to be used for advertising purposes.

**Additional Contract Information:**

\_\_\_\_\_ We understand that the Child Development Center reserves the right to adjust the fixed weekly child care rate with 30-day 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.

\_\_\_\_\_ We agree that either party may terminate this agreement with 2 week 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 week 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 amount the parties to it and supersedes any prior understandings or agreements. Each part 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. In accordance with Federal civil rights laws and United States Department (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discrimination 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, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 887-8339. 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: <https://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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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(Father/Guardian Signature)	(Social Security Number)	(Date)
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(Mother/Guardian Signature)	(Social Security Number)	(Date)
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(Program Directors Signature)		(Date)
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