Date Updated: 09/01/2024

6900 Garden Grove Blvd.

Westminster, CA 92683

## TEACHABLE MOMENTS

## **CHILDREN'S CENTER**

## **Enrollment & Tuition Agreement**

teachablemomentsoc@gmail.com 714 - 895 - 3984

| teachablemomentsoc.co  | om LIII             |  | ICIOIT AGI CUITU    |  |        |
|--|---------------------|--|---------------------|--|--------|
| Child's Name:  |                     |  | Date of Enrollment: |  |        |
|  |                     | City & Zip Code:   |                     |  |        |
|  |                     | Phone Number:  |                     |  |        |
| Days of Attendance:  |                     | Tuesday<br>I   | Wednesday           |  | Friday |
| TUITION PROGRAMS:   Full Day Program 7:00am to 6:00pm (10 hour maximum)   2- Years Old and/or Potty Training   May request any days (subject to availability)   5 Full days/ week \$/month   4 Full days/ week \$/month   3 Full days/ week \$/month   3- Years Old and Up and Potty Trained   May request any days (subject to availability)   5 Full days/ week \$/month   3- Years Old and Up and Potty Trained   May request any days (subject to availability)   5 Full days/ week \$/month   4 Full days/ week \$/month   9 Full days/ week \$/month   9 Full days/week \$/month |                     | Moments Children's Center the monthly tuition fee of \$ All monthly tuition fee payments shall be due and payable to Teachable Moments Children's Center in advance on the first day of the calendar month.<br>I understand that tuition payments are due regardless of illness, vacation times, or holidays. A space for my child has been reserved and that my tuition is based on space assignment. This assignment is based on space reserved for my child, not the attendance of my child. Payments must be kept current and paid in full.<br>I agree to pay the \$100 non-refundable registration fee and the \$300 annual non-refundable material and supply fee. I agree to pay the enrollment deposit of \$ when registering my child at the center. I understand that this deposit will be reimbursed only if I notify the center of my withdrawal from the program a month in advance or prior to a month, if it is less than a month my deposit will be forfeited. I understand that monthly tuition, registration, and material fees are non-refundable.<br>Parent's Signature: x |                     |  |        |
| Annual Material/Supply/Disaster Kit:<br>\$300.00   |                     | Late Payment: All payments must be made by the 1st day of the month. If Teachable<br>Moments Children's Center does not receive the monthly payment by the 5th day of the  |                     |  |        |
| -prices subject to   | change-             |  |                     |  | -      |
| Daily drop-in rate   |                     | month, a 10% late fee will be applied to the monthly tuition and your child will not be<br>admitted to the program until full payment is received. If monthly tuition is not received  |                     |  |        |
| Per child per day: \$70  |                     | by the 5th of the month, your child will be terminated from the program.   |                     |  |        |
| In the event the parent/   | quardian fails to r | -  | -                   |  |        |

In the event the parent/guardian fails to pay any sum payable under this agreement when due, or there is any dispute between parent/guardian and Teachable Moments Children's Center, parent/guardian agrees to pay all Teachable Moments Children's Center attorney fees and court costs, whether action is filed or not.

Rights of Licensing Agency: Licensing agency has the right to interview any child in care at Teachable Moments Children's Center without parental consent.

I hereby acknowledge and confirm that I have read and received the Teachable Moments Children's Center enrollment agreement. I understand that if I have any questions about the program policy, I should immediately consult the director, as any of the policies in this agreement may result in termination. In signing this agreement, I certify that I am the legal guardian of this child. Parent's Signature: x\_\_\_\_\_\_ Please initial after reading each statement and return ASAP to the center, thank you:

\_\_\_\_ I have received, read, and understand the preschool policies. I will abide by days, times, and tuition costs which represent my child's enrollment at Teachable Moments Children's Center. I understand that my child may be dismissed from the preschool if I fail to abide by all regulations and policies of Teachable Moments Children's Center.

\_\_\_\_ I understand that tuition payments are due regardless of illness, holidays, or vacation. I understand that a space assigned for my child has been reserved and that my tuition is based on space assignment. This assignment is based on space, not the attendance of my child. I agree to keep my payments current and full.

\_\_\_\_ I understand that monthly tuition costs will increase 5% annually, effective on every 1st of January.

\_\_\_\_ I understand that the contracted days of attendance are listed above and to permanently change or add a date must be submitted to the director in writing for approval.

I understand that the material/supply fee, the registration fee, and enrollment deposit are due at the beginning of enrollment for my child.

I understand that I must call the school at 714-895-3984 in advance if I will be running late after 10:00 AM or my child will be absent. Attendance is required by 10:00 am.

\_\_\_\_ I understand that my child can remain at daycare/school for a maximum of 10 hours (A child cannot be left in a childcare setting for no more than 10 hours a day.)

\_\_\_\_ I understand that I must provide nap/bedding materials weekly or they will be provided for my child at Teachable Moments Children's Center at a fee of \$5.00 per day.

\_\_\_ I understand that if my child is not toilet trained, I must provide adequate diapers/pull-ups, wipes, and change of clothes for my child.

\_\_\_\_ I understand that my child must be healthy and fever free for 48 hours prior to returning to school and they must undergo a health check before I can leave or a doctor's note. I must have a doctor's note if my child has a rash before returning back to school. In example: Children sent home with lice must be checked by a teacher before they can return to school.

\_\_\_\_\_No child is to be brought to school before 7:00 am, nor picked up after 6:00 pm. If a child is left at school after 6:00 pm, a \$5.00 late pick-up fee per minute will be assessed to the current staff member on site. Beyond 15 minutes is considered excessive and will be brought to the attention of the director, CPS may be notified if we are unable to get ahold of the parent/guardian for the child. If a child cannot be picked up by 6:00 pm, alternative assignments will need to be made. The late charge fee must be paid as well as a signed receipt completed and signed by the parent upon arrival, directly to the center.

Parent/Guardian Signature: \_\_\_\_\_

Date:\_\_\_\_\_