



Agreement with Parents

For 2009-2010

Enrollment Date: _____

I hereby enroll _____ in the Parent-Infant Center and represent that this child is in good physical health and able to participate fully in all activities of the program without adverse effects to himself/herself or any others participating in the program.

My child will be at PIC:

Day Care Full-time (five days) Day Care Part-time – (circle days – 2-day minimum) M T W R F

After School Full-time – (five days, includes 10 Holiday Care days)

After School Part-time – (circle days – 3-days minimum) M T W R F

(four days includes 7 Holiday Care days; three days includes 4 Holiday Care days)

Day Care Families Only

I have read the tuition chart and expect to pay tuition on a monthly basis. I understand that when my child moves to a Toddler or Pre-K room, the tuition will be reduced accordingly. If my child's 2nd or 3rd birthday occurs before such a move, the tuition will be reduced according to his/her birthdate. Tuition will be set on the first of the month if my child's birthdate or move (whichever comes first) is before the 15th and at the first of the following month if my child's birthdate or move is on or after the 15th.

I understand that tuition is due on the first day of the month, unless otherwise provided for through agreement with CCIS. If my child's first day is in the middle of a tuition period, my payment for the first month will be prorated. I know that a late fee of \$10.00 per week will be charged for fees not received by the 5th business day of each month. I understand that I will be billed a \$25.00 fee for any check I submit that is returned by my bank to PIC.

Service will be provided Monday through Friday, 51 weeks per year. Full payment of my fee is expected each month unless my child is permanently withdrawn from the Center. The Center is also closed on certain holidays and two days for staff in-service training.

I agree to give at least **4 weeks' written notice** (8 weeks if our family is leaving in August, September or October) prior to withdrawing my child from the Center and to pay the fee for 4 weeks (or 8 weeks) **after** notice is given, whether or not my child attends during that time.

After School Families Only

I have read the tuition chart and expect to pay tuition on a monthly basis, unless otherwise provided for through agreement with CCIS. My annual fee will be divided into 10 monthly payments September-June. I understand that tuition is due on the first day of the month. If my child's first day is in the middle of a tuition period, my payment for the first month will be prorated. I know that a late fee of \$10.00 per week will be charged for fees not received by the 5th business day of each month. I understand that I will be billed a \$25.00 fee for any check I submit that is returned by my bank to PIC.

Service will be provided Monday through Friday during the 40-week period of the current school year. Payment of my fee is expected for each of these weeks unless my child is permanently withdrawn from the Center. My child will be entitled to use _____ Holiday Care days during that 40-week period. Additional Holiday Care days may be used at a rate of \$_____. Holiday Care must be arranged 2 weeks in advance.

I agree to give at least **4 weeks' written notice** prior to withdrawing my child from the Center and to pay the fee for 4 weeks **after** notice is given, whether or not my child attends during that time.

All PIC Families

I have paid a deposit which will be returned by the Center or deducted from my tuition payment or PPP obligation upon withdrawal. The deposit is \$750 per child for children in the full-day program; \$350 per child in the half-day program; and \$250 per child in the After School Center. I understand that families with more than one child enrolled at PIC pay the full deposit for the youngest child and 1/2 of the usual deposit for each additional child enrolled. The deposit is adjusted for families receiving child care subsidy.

I understand that I must give **4 weeks' notice** if I wish to reduce the number of days my child is enrolled. If my child is enrolled part-time, I understand that I may not switch days, except in emergencies and at the discretion of the Director. However, I may add occasional additional days, with one week's notice, if space permits, and will pay the daily rate for those additional days. I understand that long-term schedule changes must be approved with the Family Life Coordinator.

I am making the following commitment to volunteer in the Parent Participation Program ("PPP") established by the Center:

- 24 hours per year for two-parent families in the day care program
- 12 hours per year for single-parent families and families in the half-day day care program
- 10 hours per year for two-parent after-school families
- 6 hours per year for single-parent after-school families

I understand that I will be responsible for additional fees as a result of failure to meet the PPP commitment. I also understand that there is an expectation that I will attend classroom and centerwide parent meetings and support centerwide fundraising events. I understand that I will receive quarterly statements of my PPP status and that I will be billed in June at the end of the fiscal year for any outstanding hours at the rate of \$15 per hour. If, when my child withdraws from the Center, I have PPP hours outstanding, their value will be deducted from the deposit before it is returned.

The activities of the Center have been explained to me and I understand that they may include, but may not be limited to, personal care, instruction, and feeding at the Center and such other activities as may be established for this program. I understand that these activities will occasionally include walks or expeditions away from the Center. I consent to my child's participation in all activities of the Center.

I understand that I am releasing the Center and its officers, directors, agents, or employees from liability because of resulting injuries sustained by my child or by me or personal property loss that could not have been prevented by the exercise of due care on the part of the Center and staff.

Should my child be injured or become ill while participating in the program, I authorize the administration of such first aid and medical services to him/her as the circumstances require and hereby release the Center, its officers, directors, agents, and employees from the liability for any injuries of any nature suffered by my child or by me by reason of any first aid, medical, or other service performed or not performed upon my child, save those injuries or damages which are due exclusively to the negligence of the Center, its officers, directors, agents, servants, or employees.

I understand that the Center will conduct periodic written evaluations of children's progress at the Center and that I will receive copies of those reports. If, after conferences with the child's teachers and parent(s), the Executive Director feels the Center can no longer be helpful to my family, the Center reserves the right to cancel this agreement on 2 weeks' notice. In that event, the deposit will be returned or applied to tuition or outstanding balances as discussed above.

The Center's hours are from 8 AM to 6 PM. Families will be charged a late fee when children are not picked up by 6 PM. Families may arrange care from 7:30 until 8 AM for an additional fee. Tuition is effective from July 1 through June 30. Rates and hours are subject to change on 2 weeks' notice.

I understand that my child must have an annual health appraisal (semi-annual for infants) and that my child may be suspended from the Center if I fail to provide the center with a new form by the time the previous one expires. I agree to abide by the Center's health guidelines as outlined in the parent handbook.

I understand that the authorization and release hereby given can only be withdrawn in writing delivered to the Executive Director of The Parent-Infant Center.

I have received a copy of this contract for my records.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Executive Director Signature _____ Date _____

Revised March 1, 2009