



First Class Minds

PRESCHOOL

(Child's First Name)

(Last Name)

(Date of Birth)

- The child will be enrolled for the _____ room for _____ Full or $\frac{1}{2}$ days per week.

Our business hours are from 6:30 a.m. - 6:30 p.m. Monday-Friday.

- Upon registration there is a \$100 non-refundable registration fee.
- **Deposit of 1 week's tuition will be required which will be held as a fee for the last week of your child's attendance at the center with appropriate notification to management.**
- The weekly/monthly tuition rate is \$_____. Tuition is based on the above schedule and is due on Friday for the following week's service. Payment is considered PAST DUE if it is not paid in FULL by 6:00 p.m. Monday of each week; at which point a charge of \$30 will be assessed to the child's account each week until the account is paid in full. Tuition payment may be made in the form of a check, credit card or cash (made out to First Class Minds, LLC).
- Tuition is due regardless of your child's attendance. This includes closings due to holidays and/or inclement weather that may fall on your child's day of attendance. Inclement weather is unfortunately something that we expect and have to deal with each year due to snow and/or ice. In these circumstances or in a "state of emergency" we will close our center. Our decision will be based upon the severity of the weather and the forecast. It is our priority to keep all children, staff and their families safe. You will be notified via REMIND.com as well as through a center wide email. Please make sure we have your most current email address on file.
- If an emergency situation occurs and your child will not be in the center, we will make every effort to help accommodate you depending upon availability.
- Parents have the right to terminate/cancel this agreement by sending written notice to the center two weeks prior to the termination date. The deposit fee will be applied to the last week's tuition. As a reminder, the deposit is non-refundable and if written notice is not given the deposit will be forfeited.
- It is understood and agreed that no deductions or credits are made if your child is absent or withdrawn based on illness or any other cause.
- A late fee will be charged if you pick-up your child after 6:05pm. We understand situations occur and late pick-up is required, we will accommodate this on a limited basis. In these situations \$1.00 per minute per child will be charged for every minute they are on the premises.

Your Child * Our Program * Their Success

- During the summer months of July and August, if you choose to take your child out of the center there will be a fee in order to guarantee your spot for the upcoming month of September. You have the option of either enrolling your child three full days or paying half the month's tuition for both July and August.
- Tuition Free Vacation days will be given after 6 months of enrollment for full time students ONLY. Written notification must be provided at least two weeks in advance from the date of the tuition free vacation week or regular tuition payment is due.
- Should emergency medical attention be necessary, the school will attempt to contact parents, or if they are unavailable, your child's pediatrician. The school has the right to engage a licensed physician (at the parent's expense) to render such aid, as he/she may deem necessary for the benefit of the child.

Summary of Sick Policy

- If your child is sent home with a fever of 101° or higher you **MUST** have a doctor's note to return or your child **MUST** be out of school until he/she has been FEVER FREE for 24 hours without a fever reducer.
- Three episodes of diarrhea within a few hours, an unusual/unknown rash, or vomiting are also grounds for immediate pick-up.
- Please make sure the staff is aware of any medication that is given at home prior to coming to the center. This may/may not have an effect on their behavior.
- We are able to administer medication at the center but the following must occur:
 - you **MUST** have the prescription completed by your pediatrician and the original container with your child's name on it. Expired medication or prescription will NOT be administered.
 - We **CANNOT** give your child a fever reducer (even if documentation is on file) unless there is a doctor's note on file stating an ear infection or teething.

I received a copy of First Class Minds Preschool Enrollment Contract and hereby abide by and agree upon all policies of the center.

Parent/Guardian Signature: _____ Date: _____

Director's/Administration Signature: _____ Date: _____

Your Child * Our Program * Their Success

TUITION AGREEMENT

I, _____ am enrolling my child, _____

at First Class Minds Preschool beginning on _____.

Days attending: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

I am paying a deposit in the amount of \$_____ (check # ___/credit card/cash)

Date: _____.

My registration fee is \$_____ (check #_____/credit card/cash) Date: _____

My weekly/monthly tuition is \$ _____ Date: _____

I agree to pay weekly/monthly tuition in the amount of \$ _____ to First Class Minds Preschool. If enrollment status changes, all information will be updated and signed reflecting the changes.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone #

Address

Email Address

Director/Administration Signature: _____ Date: _____

(Copy of registration/deposit check attached)