

## **ENROLLMENT REGISTRATION INFORMATION & AGREEMENT**

CHILD INFORMATION						
Last Name	First	DOB				

## Please initial each section listed below, then sign and date the last page.

REGISTRATION FEE	I understand that an annual, non-refundable, Registration Fee of \$100.00 shall be paid at the time of enrolling
	my child. I understand that I must pay this annual fee no later than July 15th to guarantee my child's
	enrollment for Fall of the new school year.
SECURITY DEPOSIT	I understand that a one-time Security Deposit of \$500.00 shall be paid at the time of enrollment. In order to
	have the Security Deposit reimbursed, a letter or email of withdrawal must be received by the Administrative
	Department no later than 6 weeks prior to the desired last day of attendance. The reimbursement will be
	issued in the form of a tuition credit toward the remaining month of attendance. If less notice is given, I
TUITION RATE	understand that I will forfeit the Security Deposit in its entire amount.
	I agree to the current monthly tuition rate for the schedule I have chosen. I understand that the tuition rate
	subject to change annually and that my current rate is locked in for the current school year only.
THITION DAYMENT	Tuition is <b>not</b> prorated and remains the same inclusive of school scheduled or non-scheduled closures.
TUITION PAYMENT	I understand that tuition payment is due the first business day of every month and that the total amount wil
	Be debited out of my bank checking or savings account through automatic bank withdrawal.
	If my current financial institution information were to change, I must give immediate notice to Little Apple
	Preschool in order to have tuition processed correctly. If any fees are incurred for wrongly processing, I am
	responsible for paying those fees within three (3) days of posting.
	I agree that I am responsible for paying tuition in the full amount whether my child does or does not attend
LATE TUITION FEES	I agree that if payment is unable to be processed through automatic bank withdrawal for any reason, payment
	must be paid immediately in the form of a bank certified check or money order. A late fee of \$10.00 per da
	for a maximum of three (3) days will be applied to your account in addition to a \$50.00 bank return fee.
	If payment has not been completed by the fourth day, I agree to forfeit the Security Deposit and agree to
	resign my child from Little Apple Preschool effective immediately. I understand that in order to have my child
	continue at Little Apple Preschool, I will have to reregister my child and pay the Enrollment Fees again. My
	child's spot is not guaranteed at that time.
SPLIT PAYMENTS	I understand that if I split my tuition payment, whether evenly or unevenly, with another party such as, but
	not limited to, an estranged spouse, divorced/separated partner, or family member, I am still entirely
	responsible for the sections agreed to herein and will still be subject to the agreements made whether the
	default in agreement is my doing or the doing of someone I have authorized.
OUT OF SCHEDULE FEE	I understand that if I drop off or pick up my child at a time out of the set time schedule chosen, I will incur
	fee in the amount of \$1 per 1 minute until they are compliant with their schedule or have been picked up. T
	fee applies to any authorized pick-up/drop-off person I have authorized.
5 MINUTE COURTESY	All families will be granted three (3) "5 Minute Courtesy" Out of Schedule fee waiver whereas no fee will be
	issued for the first 5 minutes of not being compliant with the set schedule.
	issued for the first 3 minutes of not being compliant with the set schedule.

SECTION 2	: PROCEDURE & POLICIE	ES .		
	SIGN-IN/ SIGN-OUT	I agree to sign my child in and out of Little Apple Preschool every day he/she is in attendance using the school's		
		attendance procedure. I understand that I may be charged \$5.00 if I fail to either sign-in or sign-out my child.		
	CUT-OFF TIME	I understand that my child must be in school by 10:00 am in order to attend school. No child is allowed to be		
		dropped off after this time unless it has been previously arranged with the Director.		
	NON-ATTENDANCE DAY	I understand that I must notify Little Apple Preschool if my child will not be attending school within 1 hour		
		of their scheduled time along with a reason as to why they will not be attending.		
	SICKNESS POLICY	I understand that I must comply with Little Apple Preschool's sickness policy and that my child may not attend		
		school if he/she is found to be sick. If my child becomes ill under the care of Little Apple Preschool, I will be		
		notified immediately and will pick-up my child, or make arrangements for An authorized person to pick-up my		
		child within 2 hours of notification. If my child is not picked up within the 2 hour frame, he/she will be		
		escorted to the hospital via ambulatory service. A copy of this policy has been given to me.		
	STATE REGULATIONS	I understand that my child, my family, authorized persons, and I are bound by state child care regulations.		
		At any time the child care regulations of the state may prevail over these policies when the state regulation		
		is stricter. I agree to abide by the state regulations.		
	PARENT HANDBOOK	I have received the Parent Handbook. I have read and understand its contents and policies and agree to		
		abide by it.		
SECTION 3: PERMISSION AND CONSENT				
	PICTURES AND VIDEO	I grant permission to Little Apple Preschool and their staff to take pictures and videos for the sole purpose of classroom		
		décor, art projects, and for daily updates on the school app or email.		
	PARENTAL PHOTOGRAPY	I understand that, in consideration for being allowed to photograph, videotape, or audio record my child on		
		school property, I shall only use such recordings for lawful and private home use, and will not publish,		
		publicly display, or sell such recordings.		
	SCHOOL MEALS	I authorize Little Apple Preschool and their staff to feed my child all meals provided by the school. If my child		
		has any specific dietary needs or restrictions, whether medical or life preference, it is my responsibility to		
		note this in the Child Information Form.		
	OUTINGS	I grant permission to Little Apple Preschool and their staff to take my child out regularly for class outings to		
		the local playground for free play or sprinkler play (summer only), the park for outdoor lessons and activities,		
		or neighborhood walks. Such outings may give the children access to equipment such as, but not limited to,		
		slides, swings, and monkey bars. I understand that such outings will take place when the weather is free of		
		rain or falling snow and between 35-95°F inclusive of heatwaves and wind chill.		
	TOPICAL OINTMENT	I grant permission to Little Apple Preschool and their staff to apply any topical ointments on my child solely		
		when necessary. Some examples of topical ointments are diaper creams, sunscreen lotion, and first-aid		
		antiseptics. If there are any ointments that cannot be applied on my child, it is my responsibility to note them		
		in the Child Information Form.		
	EMERGENCY TRANSPORT	I authorize Little Apple Preschool to transport my child to the nearest hospital via ambulatory service in the		
		case of a medical emergency. Little Apple Preschool will contact me immediately after contacting 911.		
	EMERGENCY TREATMENT	I authorize Little Apple Preschool to have my child treated by a medical professional in the case of a		
		medical emergency.		

Authorizing Parent Name	Authorizing Parent Signature	Date