



Program and Tuition Information

Welcome, we are delighted that you are interested in our facility. Listed below are the tuition rates for the various age groups and other pertinent information about our facility. If you have any questions concerning rates or programs, please feel free to speak with the Center's Director.

Programs	Tuition (Tuition includes breakfast, a hot lunch and afternoon snack)
Infants I (6 wks – 9 mos.)	\$275 or \$1025 mo.
Infants II (10 mos. – 15 mos.)	\$275 or \$1025 mo.
Toddler One (16 mos. – 23 mos.)	\$260 or \$925 mo.
Toddler Two	\$260 or \$900 mo.
PreSchool (3 years to 4 years)	\$225 or \$875 mo.
Registration Fee	\$100.00 Annually
Drop-In (minimum 3 day program) – for Toddlers and up ONLY	\$175 or \$750 mo.
School Age (all day care)	\$185 weekly
Monitoring Fee	\$100 monthly

Hours of Operation: Monday through Friday, 6:30 a.m. until 6:00 p.m.

Late Pick Up Fees: A late pick-up fee of \$5.00 for the first 10 minutes, then \$1 for each additional minute for pick ups after 6:00 p.m. LATE PICK-UP fees will be billed as part of your tuition cost.

Registration Fee: A non-refundable \$100 registration fee will be paid by all parents at the time of enrollment, and annually, in September, thereafter. If you have two (2) or more children enrolled, full registration fee of \$100 will be assessed for the first child, and \$75, for each additional child. **Discounts:** Parents with multiple children enrolled in the center will receive a 10% discount off the tuition cost for the oldest child.

Payment Terms and Conditions: Weekly tuition payments are due on Monday morning upon arrival. A \$50 late fee will be assessed after 12 noon Monday if payment has not been received. Tuition may be paid week, bi-weekly, or monthly. Monthly payments are due the 1st day of the month. Payment received after the 1st will result in loss of built in discount which is 5%.

Payments may be made using Personal Check, Debit Card, Money Order or Cashier's Check. NO CASH PAYMENTS ACCEPTED. Please make your check payable to: ENRICHMENT STATION CHILD CARE AND LEARNING CENTER

Return Check Fee: All return checks will be subject to a \$45.00 return check fee. After one (1) returned check, only certified funds will be accepted.

Absences/Vacation: If your child is absent for an entire week, for any reason, you are responsible for a holding fee. The holding fee will be the full regular weekly tuition, without deduction for absences. After one (1) year of continued enrollment at Clarian Place Child Care, each family shall be granted one (1) week of vacation absence at no charge. Written requests will be required prior to vacation credit being taken.

Center Holiday Closing: New Year's Day, MLK Jr. Birthday Observance, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (Thurs. & Fri.), Close at 3:00 p.m. Christmas Eve, Christmas Day. Additionally, we will observe any unscheduled closing observed by the Public School System due to inclement weather conditions on a case by case basis.

Withdrawal/Termination of Enrollment: Enrichment Station CC & LC requires two (2) weeks written notice prior to withdrawal/termination of enrollment. Failure to do so will result in parent's account being billed the full two week's tuition, for which, you will be responsible to pay. **NO REFUND** will be issued as a result of early termination.

Live Surveillance Security Monitoring: This facility has "Live Surveillance" monitoring and offers internet viewing of classrooms to parents of currently enrolled students. All interior classrooms, hallways, exterior exits and playground of the facility, are monitored via a live surveillance security system.

I have read the program and tuition information, and agree to abide by the policies and procedures set for by the facility. I understand that failure to comply may result in termination of enrollment.

Parent's Signature

Date

Enrollment Application

Please complete this application in its entirety, providing complete addresses and phone numbers for all parents, guardians, emergency contacts and authorized relatives.

Entrance Date:		4 digit I.D. #		Withdrawal Date	
Child's Name			Sex:	Age:	D/O/B
Home Address C/S/Z					
Mother's Name/Home Address, if different from child's				Telephone #	
Place of Employment/Address of Employment				Work Phone #	
Father's Name/Home Address, if different from child's				Telephone #	
Place of Employment/Address of Employment				Work Phone #	
Alternate Phone #s:		Cellular Phone #		E-mail address (required)	
Child's Living Arrangements:	Both parents []	Mother []	Father []	Other []	
Child's Legal Guardian(s)	Both parents []	Mother []	Father []	Other []	
The child may be released to the person(s) signing this agreement or the to following:					
1.		Address/Phone #		Relationship:	
2.		Address/Phone #		Relationship:	
Persons to contact in the case of an emergency when parents cannot be reached:					
1.		Address/Phone #		Relationship:	
2.		Address/Phone #		Relationship:	
Name of public or private school child attends, if any:					
Child's Physician or Clinic's Name (Child's Primary Health Source)				Office Phone #:	
The following special accommodation(s) may be required to most effectively meet my child's needs while at this center: _____					
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____					
Signed: Parent(s)/Guardian				Date:	

EMERGENCY MEDICAL AUTHORIZATION

Should _____, _____ suffer any injury or illness
Child's Name Date of Birth

while in the care of **ENRICHMENT STATION** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of changes in telephone numbers, emergency contacts, and where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. In the event my child should require professional medical attention while in the care of the center, I understand that my child will be transported to the nearest medical facility, which is:

**Dekalb Medical Center
2701 North Decatur Road
Decatur, GA 30033
(404) 501-1000**

My child's primary source of health care is:

Physician/Clinic Name Telephone No.

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

Signature of Parent/Guardian Date Telephone



PARENTAL AGREEMENT

1. **ENRICHMENT STATION Child Care & Learning Center** agrees to provide day care for

_____ on _____ from _____ a.m./p.m.
Name of child days of week

Until _____ a.m./p.m., from _____ to _____. My child will participate in
 month month

the following meal plan (circle applicable meals and snacks) breakfast; lunch; afternoon snack;

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes; date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child. Children with contagious illnesses are not allowed to attend the center. Should my child become ill during operating hours, has a temperature of 100 degrees or higher, is vomiting or has a loose stool, I will be contacted to pick your child up. I further understand that my child will not be allowed to return until he/she is symptom free for 24 hours, or has a physician's notice to return to day care.
6. The facility agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for **ENRICHMENT STATION CHILD CARE AND LEARNING CENTER** I understand that failure to do so may result in termination of my child(ren)'s enrollment.
8. I agree to provide **Enrichment station Child Care & Learning Center** two (2) weeks written notice prior to termination of enrollment. I understand that failure to do so will result in my account being billed the full two week's tuition, for which I agree to pay.

Signature (Parent/Guardian) _____ Date _____

Signature (Facility Representative) _____ Date _____

Live Surveillance Security Monitoring

This facility has “Live Surveillance” monitoring and offers internet viewing of classrooms and playground to parents of currently enrolled students. The following information and instructions will apply regarding internet viewing.

TERMS OF ACCESS

We authorizes remote access of facility to you (parent(s) as an enrolled family in its facility. In doing so, parent(s) agree to abide by the “Terms of Access” set forth by Enrichment station child care and learning center

TERMS OF ACCESS

1. Only one (1) access code per family will be established. The family access code may only be shared with “Authorized Users”. Authorized Users are limited to two (2). Access codes may not be shared with non-authorized users. Authorized Users agree not to log-in from multiple devices simultaneously, as this creates an “overload” in the system.
2. Authorized Users shall be restricted to “immediate” family members ONLY (i.e. grandparents, siblings, and life partners).
3. Parents MAY NOT share access code with any immediate family member who has been convicted or suspected of sex offenses against children.
4. **Names, full address, and contact phone numbers of all “Authorized Users” must be provided.**

If any parent or their authorized users are found to be in violation of the “Terms of Access”, internet access will be immediately restricted.

Signature(s) below represents acceptance of Terms of Use.

Print (Parent)

Print (Parent)

Signature

Signature

User Name _____
(10 characters or less)

Password _____
(10 characters or less)

AUTHORIZED USERS

Name	Complete Address	Contact #
1. _____	_____	_____
2. _____	_____	_____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Enrichment station Child Care, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Baby Power

Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file