

# Enrollment Agreement for Child Care Services

I understand my child \_\_\_\_\_ is enrolled at Peace of Mind Early Education Center. I would like to begin on \_\_\_\_\_, 20\_\_\_\_.

**Child's Date of Birth** \_\_\_\_\_

My child will be attending the center on the following days at the following times:

Day of Week	Morning Start Time	Evening Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**\*\*\*Note: Peace of Mind parent contracts are for a maximum of 10 hrs per day\*\*\*  
If additional hours are needed, additional charges will apply, please speak with the director for programming information if a longer contract is desired.**

I understand that if the times that my child will be in attendance will change I will need to give the center 24 hours notice so that they may alter staffing patterns. If my child's start time is not regularly before 7:00 a.m; I understand that I may not bring my child to the center before 7:00 a.m. unless arrangements have been made with the director the day before. If for any reason I choose not to start on the above date, I must give **two weeks written** notice or I will be charged for two weeks of care for my child. I also agree that if I decide to withdraw my child, or make a change to the days or times that my child will be attending the program, I will give two weeks **WRITTEN** notice or be billed for and responsible for the equivalent hours. I understand that the \$150.00 registration fee is non-refundable, regardless of my child's attendance.

By signing below, I acknowledge that I have received a copy of the center's Tuition and Registration Policies, as well as the center's policy regarding sick children including information about when sick children may return to the center. I agree to comply with the center's policies as provided to me.

**(Both parents must sign if two custodial parents)**

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

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

**\*\*One form is required for each child enrolling in the program\*\***

**For Office Use Only:**

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

Enrollment Change Only

Application fee received \_\_\_\_\_

Check # \_\_\_\_\_

Copies to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<p><b>Full Day</b></p> <p><input type="checkbox"/> Infant</p> <p><input type="checkbox"/> 1 Year Room</p> <p><input type="checkbox"/> Toddler</p> <p><input type="checkbox"/> Pre(non potty trained)</p> <p><input type="checkbox"/> Pre-School</p> <p><input type="checkbox"/> Pre-K</p>	<p><b>Half Day</b></p> <p><input type="checkbox"/> Toddler</p> <p><input type="checkbox"/> Pre(non potty trained)</p> <p><input type="checkbox"/> Pre-School</p> <p><input type="checkbox"/> Drop In Care Only</p> <p>Staff Initials</p>
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