

Hudson Enrollment Agreement for Child Care Service

I understand my child(ren) _____ is/are enrolled at Peace of Mind Early Education Center - Hudson. I would like to begin on _____, 20____.
 (If your children will attend on the same schedule, you may list them on one form)

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 \$175.00 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 please sign if two custodial parents)

Parent's Name: _____ Parent's Name: _____

Parent's Signature: _____ Parent's Signature: _____

Date: _____ Date: _____

****Separate Enrollment Agreements are required for each child enrolling in the program if they will have different start dates, or different attendance schedules****

For Office Use Only:

Date Received: _____

Enrollment Change Only

Application fee received _____

Check # _____ Pd online: _____

Other Notes about registration: _____

Application accepted by: _____
initials

<p>Full Day</p> <p><input type="checkbox"/> Infant</p> <p><input type="checkbox"/> Ones Room</p> <p><input type="checkbox"/> Young Toddler</p> <p><input type="checkbox"/> Older Toddler</p> <p><input type="checkbox"/> RF -non potty trained</p> <p><input type="checkbox"/> BF -non potty trained</p> <p><input type="checkbox"/> GF non potty trained</p> <p><input type="checkbox"/> RF- Potty Trained</p> <p><input type="checkbox"/> BF - Potty Trained</p> <p><input type="checkbox"/> GF- Potty Trained</p> <p><input type="checkbox"/> Pre-K #1</p> <p><input type="checkbox"/> Pre-K #2</p>	<p>Half Day</p> <p><input type="checkbox"/> Toddler</p> <p><input type="checkbox"/> RF (non potty trained)</p> <p><input type="checkbox"/> BF (non-potty trained)</p> <p><input type="checkbox"/> RF - Potty Trained</p> <p><input type="checkbox"/> BF - Potty Trained</p> <p><input type="checkbox"/> Pre-K #1</p> <p><input type="checkbox"/> Pre-K #2</p> <p><input type="checkbox"/> GF _____</p> <p><input type="checkbox"/> Drop In Care Only</p>
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Staff Initials: _____