

Creative Center Policy Agreement

Child's Legal Name _____

Child's D.O.B. _____ Parents Name _____

Days and Hours of Operation: Monday through Friday 6:00a.m. To 6:30p.m.

Satisfaction Guarantee & Refund Policy

I understand that a satisfaction guarantee applies to my child's first calendar week of attendance as a new enrollee. If I should have concerns that cannot be resolved to my satisfaction on or before Friday of the first week of attendance, I must submit my written request for a refund and notice of withdrawal. I understand that the registration fee will not be refunded.

_____ **Initial**

Tuition

I have enrolled my child in the following program: Days:(circle) **M T W TH F**

The current tuition rate for this program is \$ _____ per week. I understand no allowances shall be made for occasional absences. The rates are subject to change as conditions may require. I will receive as much notice as possible.

_____ **Initial**

Payment and Tuition

I understand is due and payable in advance. The payment of weekly tuition is due on or before the first scheduled day of each week. If payment in full is not received on that day, I understand and I agree to pay a late payment fee of \$ 5.00 per day. I understand that if my account is continuously delinquent, I must withdraw my child. I understand that a NSF check charge of \$ 25.00 will be added to my account for any returned checks. If a second check is returned, I will be required to pay in cash or money order for the next six months.

_____ **Initial**

Registration Fee

I understand that a non- refundable Registration fee of \$ _____ shall be paid to enroll my child. For those enrolling for the summer months only, a non-refundable Registration Fee of \$ _____ shall be paid at the time of registration.

_____ **Initial**

Re-Enrollment/Pre-Registration Fees

I understand that in order to continue my child's enrollment each year, I must pay an annual, non-refundable reenrollment fee. I understand that Creative Center cannot guarantee my child's space for the school year beginning Mid-August, unless I have Pre-registered.

_____ **Initial**

Family Discounts

A 5% discount is offered for 2 children from the same family. A 3% tuition discount will be granted for payments made two weeks in advance. A 5% discount will be granted for tuition payments made a month in advance. The maximum discount per family is 5%. All discounts will be forfeited if payment is not made on time.

_____ **Initial**

Charges For Late Pick – Up

I understand that if my child remains past the scheduled closing time, 6:30 p.m., I will be charged, and I agree to pay an additional charge of \$1:00 per minute per child, which goes to the staff member staying late.

_____ **Initial**

Holidays

I understand that Creative Center is closed for the following holidays, and I agree that I am not entitled to any refund, credit or make-up day or any other allowance for the days:

New Years

Labor Day

Thanksgiving and the day after

Memorial Day

Fourth of July

Christmas Day

_____ **Initial**

Absences

I agree to provide one weeks notice in case of planned absences or vacation. I understand that no allowances shall be made for occasional absences. Refunds, credits or make-up days cannot be granted. Credited vacation time is limited to two weeks. In the case of planned extended absence or vacation of one or two calendar weeks, I agree to pay a Holding Fee in lieu of tuition. This \$_____per week Holding Fee (limited to two weeks) will guarantee my child’s space in the program during the period of absence.

_____ **Initial**

Child Accident Insurance

Accident Insurance is provided for all children during their hours of attendance. Creative Center carries liability insurance in amounts, which exceed state licensing requirements. In the event that my child is injured at the center, I understand that if my child is covered by other insurance, Creative Center’s “Accident Insurance” is secondary coverage. If no other coverage is available Creative Center’s “Accident Insurance” will apply. However there is a \$100.00 deductible. I understand that the \$100.00 deductible is my responsibility.

_____ **Initial**

Withdrawal from Program

I understand that I must provide one week’s written notice of withdrawal from the program. If written notification is not provided, I agree to pay all fees for the program in which my child is scheduled to attend, If I wish to re-enroll an additional “Registration Fee” will be due.

_____ **Initial**

Release of a Child

I agree to complete the Sign-In/Sign Out form, including a complete signature on a daily basis. I understand that my child will be released only to those persons whose name I have listed on the “Blue Card” for emergency purposes. I will notify the Director or other designated person in writing, if any person other than those listed may pick-up my child. Creative Center employees require proof of identification from any caller or person arriving to pick-up my child. It is my responsibility to update my employment information and any emergency contacts and phone numbers.

_____ **Initial**

Illness/Good Health

I understand that I will be notified should my child become ill during the day and that it will be necessary to make arrangements to have my child picked –up promptly after notification. If my child is exposed to or is in contact with a contagious disease or illness, I agree to notify the centers Director. I understand that I will be notified of communicable deceases in accordance to Health Department regulations. If I have authorized in the required format, a designated Creative Center employee will administer properly labeled prescription medication to my child. Over-the-counter medication will only be administered with written documentation from my child’s physician. (WE WILL NOT ACCEPT MEDICATION THAT NEEDS REFRIGERATION)

_____ **Initial**

Food

The center will provide AM Snack, Lunch, and PM Snack.

_____ **Initial**

Field Trips

Supervised field trips may be scheduled to local points of interest. I understand that I must complete and sign a permission slip for each field trip I wish for my child to participate in.

_____ **Initial**

Licensing Requirements

Creative Center is licensed by the Arizona Department of Health Services-Office of Childcare Licensor, DHS is located at 1647 E. Morten Ave.Phoenix, Az. 85020. The public case records pertaining to Creative Center are available for viewing upon request.

I have read and understand and will comply with the policies included in Creative Center Admissions Agreement and Parent Guide.

Parent or Guardian

Date

