

Imagine Rosefield Childcare Enrollment and Payment Policies

A nonrefundable Registration Fee of \$25.00 per family is required at time of enrollment (____) Initial

It is your responsibility to ensure payments are received at the site the first and third Friday of the month (before service is provided) we will assess a \$10.00 late fee for payments received later than Monday by 6:00pm. Outstanding balances not paid in full by the end of the billing cycle will result in suspension of services until account is paid in full. (____) Initial

If you wish to change the service you receive, you must let the Program Director know in writing by the last working day of the month preceding the change. Otherwise the rates previously registered for will apply. To obtain a change/withdraw form please see the program director. (____) Initial

Fees for full time participants are pro-rated in Oct, Dec, and March due to school breaks. We do not pro-rate fees for part-time participants. (____) Initial

If you are signed up for part time care and go over the allotted 12 days of care you will be charged \$25.00 for each additional day (____)

Our child care program closes at 6:00 pm. We charge a late fee of \$2.00 per a minute for the first 10 minutes and \$5.00 for every minute after. These charges will be added to your next statement. We use the school clock in the multi-purpose room for official time so be sure to check the clock (____) Initial

We will be closed the following days: 9/6/2010, 10/11-10/15/2010, 10/29/2010, 11/11/2010, 11/24-11/26/2010, 12/20-12/31/10, 1/17/2011, 02/18-02/21/2011, 03/14-03/18/2011, 04/22/2011. No childcare will be provided on these days. (____) Initial

No child will be allowed to leave with a person that is not listed on his/her emergency card. Changes can be made to your Emergency Card during office hours. You will be required to sign in /out your child each day. You must sign the sheet with your full legal signature. (____) Initial

I acknowledge and accept the terms set forth for the before and after school program at Imagine Rosefield. I agree and accept that I am financially responsible for all child care, late fees, etc. I have received a copy of the parent handbook, including these policies and will read it within the first week of receipt. I understand my child's emergency card and immunization record must be on file at the child care site before my child can attend. If you have any questions or concerns, please contact the Program Director.

_____ Signature

_____ Date



Imagine Rosefield Childcare Registration Form

Child's name _____
Date of Birth(m/d/yr) _____ Age _____ Grade Level _____
Parent/Guardian Address _____

Parent/Guardian Home Phone Number _____
Parent/Guardian Cell Phone Number _____

Parent/Guardian Email Address(to send payment reminders, program updates, etc)

Please register my child for the following child care schedule:

- *Full time is 7 days or more per a 2 week billing cycle
- * Part time is 6 days or less per a 2 week billing cycle

___ AM/PM Full Time (\$110 per billing cycle) ___ AM/PM Part Time (\$66 per billing cycle)
___ AM Only, Full Time(\$20 per billing cycle) ___ AM Only, Part Time(\$12 per billing cycle)
___ PM Only, Full Time(\$90 per billing cycle) ___ PM Only, Part Time (\$54 per billing cycle)

Please read and initial(where indicated) the Imagine Rosefield Childcare Enrollment and Payment Policies on the following page.

___ Please check here if you would like a copy of this form

For official use only

___ Completed Reg Form _ \$25.00 Reg Fee _ 1st Childcare Payment ___ Imm.
Record ___ Com.Emergency Card