

HUSKY HOUSE, INC. 2018-2019 ENROLLMENT AGREEMENT

Lic. #073401984

I wish to enroll my child(ren), _____ in Husky House Before/After School program which provides supervision and enrichment to school-aged children. I understand that I must pay a \$75.00 per child materials fee plus my first month's tuition to hold my child's space. **If I need to change the contracted schedule I initially present to you, I understand that I must submit a "Schedule Change Request" form and present it with a \$15.00 change fee by the 15th of the preceding month.** I must give ten working days notice in order to drop my child from the program for the upcoming month, otherwise I must pay the next month's full tuition. I further understand that to re-enroll my child(ren) will be dependent on space availability and that a \$25.00 per child processing fee will apply. INITIAL _____

I understand that all school year months (with the exception of August and June) require 100% tuition, regardless of school vacation periods or holidays. I understand that the month of August is charged at a pro-rated amount of 40% and June is charged at 15%. The month of June will be billed with May tuition, therefore, May is the final month of payment. I also understand that during the course of the school year I may request to add additional time blocks and that I must submit an "Add-on" request form. ("Add-on" blocks are calculated at \$10.00/hour for the 1st child and \$9.00/hour for siblings. Add-on costs incurred will be posted with the next months' tuition charges.) "Drop-ins" are for non-contracted family use OR for contracted families who need to add time without giving 24 hours notice. Drop-in's are charged at the rate of \$12.00/hour for the 1st child and \$10.50 for siblings. INITIAL _____

I understand that tuition and other outstanding fees are due in advance of each month, and no later than the last working day of the previous month. Statements are sent via email on or around the 20th of each month. I must notify Husky House if I prefer to receive a paper statement in my in-house parent file rather than email. **I understand that it is my responsibility to check my account balance and pay all fees due by the last business day of the month. I understand I may pay by cash or check. I further understand that late payments incur a \$5.00 per day late charge, not to exceed \$35.00.** Termination of care may result if payment is not received by the 15th of the month for which it is due. (Refer to Contract Payment Policy in your Handbook.) INITIAL _____

I understand that I must give Husky House Children's Center prior notice of a schedule change or if my child will not be attending on a regularly scheduled day. The first time I do not alert Husky House that my child will be absent from care I will be given a policy reminder. **The second time I fail to notify HHCC of an absence in a timely manner I will incur a penalty of \$15. Subsequent non-compliance will result in a \$50 penalty and jeopardize my continuance in the program.** INITIAL _____

I understand that children arriving in the morning before school and upon pick up must be signed in and out by a parent or caretaker who has been authorized to pick up. Staff members may not sign my child in except upon arrival from school. For my child's protection and by law, the actual drop-off/pick-up **time and full legible signature** must be noted on our roster. If the time or signature are missing I will be billed to opening time (7:30am) for a drop-off or to closing time (6:00pm) for a pick-up. INITIAL _____

I am aware that Husky House operating hours are 7:30 a.m. to 6:00 p.m. on regular school days. I understand that for each day my child is picked up late, beyond their contracted pick up time during operating hours, I will incur a charge of \$12.00 payable to the next hour. For late pick-ups after 6:00p.m., through 6:15p.m., I will be charged \$12.00 per child. After 6:15p.m., I will be charged \$2.00 per minute per child. Any overtime costs I incur will be posted to my next month's billing. **(I understand that I must provide three current local backup emergency contacts to call in case I am unreachable.)** INITIAL _____

I understand that tuition previously paid will not be refunded or credited, whether for illness, family vacation or when dropping the program. Absences of two consecutive weeks without notice to the Director will result in my child being dropped from the program. **I understand that all licensing, policy and enrollment forms shall be completed and submitted no later than the beginning of my child's first day in the program.** INITIAL _____

I understand that the Department or licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. INITIAL _____

At the Director's discretion, children may be dismissed from the program for cause. I also understand that my child may be terminated from the program if he or she is involved in any of the following behaviors:

- 1) When child does physical or emotional harm to others and does not respond to guidance and warnings.
- 2) When behavior is disrupting activities and general smooth flow of the program.
- 3) When any rules of safety or other indoor/outdoor rules are ignored.

Disputes arising over the interpretation of this agreement, or concerning rights or obligations of the parties to this agreement, and any dispute arising out of the services provided under this agreement and as outlined in the current Parent Handbook, including any disputes involving a claim of injury to my child, shall be resolved by submitting the dispute to arbitration in accordance with the rules of the American Arbitration Association. The parties agree that the resolution of any disputes submitted to arbitration shall be binding, and subject to enforcement by the Courts of the State of California under provisions of the California Code of Civil Procedure, Section 1280 et seq.

I have read this agreement and agree to abide by the policies set forth within.

Parent/Guardian Signature

Parent/Guardian Name

Date

Executive Director's Signature