

HUSKY HOUSE, INC. 2022-2023 ENROLLMENT AGREEMENT

Lic. #073401984

Tax ID 68-0430189

I wish to enroll my child(ren), _____ in Husky House, Inc. which provides supervision and enrichment to school-aged children. I understand that I must pay a \$150 per child enrollment fee plus my first month's tuition upon confirmation and receipt of invoice. **If I need to change the contracted schedule I initially present to you, I understand that I must submit a "Schedule Change Request" form by the 15th of the preceding month and will be charged a \$15 fee.** 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) 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 75%. 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 the standard hourly rate of \$13.00/hr and the 10% discount 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 48 hours notice. Drop-in's are charged at the rate of \$15.00/hour for the 1st child and \$14.00 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 from our online billing system Curacubby via email on or around the 21st of each month. **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 prior to care. I understand I may pay by credit card or bank transfer through Curacubby or check made payable to "Husky House" and mailed to P.O. Box 839, Lafayette, CA 94549. I further understand that a \$10 late fee will incur if not paid by the date due.** 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, Inc. prior notice 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 Husky House 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 must be signed out by a parent or caretaker who has been authorized to pick up using their individual Curacubby QR PIN. For my child's protection and by law, I am responsible for registering through my Curacubby account my individual digital signature and that of any person I wish to sign-out my child. Failure to sign-out will result in a policy reminder. **The second occurrence of a failure to sign-out, I will incur a penalty of \$15. Subsequent non-compliance will result in a \$50 penalty and jeopardize my continuance in the program.** (Husky House staff members will check-in children arriving from school.) INITIAL _____

I am aware that Husky House closes at 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 \$15.00 payable to the next hour. For late pick-ups after 6:00p.m., through 6:15p.m., I will be charged \$15.00 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 will not be refunded or credited, whether for illness, family vacation or when dropping the program. Should the program be required to close unexpectedly whether due to cases of illness in the facility or otherwise, prepaid tuition will be refunded in cases of closure for 5 or more consecutive business days but will not be refunded for required closures of less than 5 consecutive business days. **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 CA Department of Social Services, Community Care Licensing, our 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