

Children's House Daycare, Inc.

1220 S. Lake Street Mundelein, IL 60060

Hours: 7:00 a.m. to 6:00 p.m.

Enrollment Contract for the 2006-2007 School Year

1. New Applicant Registration Fee \$75.00 OR Re-registration Fee: \$25.00 (These are non refundable)
2. An initial deposit of \$100.00 per child is required. This may be applied to the last month of attendance or to any remaining unpaid fees.
3. Schedule: _____ (include days and arrival/pickup times)
4. I agree to make monthly installment tuition payments in advance of the month of attendance. This payment is due on the 15th of each month of the school year. A late fee of \$25.00 per month will be paid if my payment is not made within 5 days of the due date. Changes in my child's schedule can be adjusted only with the written approval of Children's House and is subject to space availability in that class.
5. Tuition is not subject to adjustment due to illness, absence, withdrawal or dismissal, except as provided in paragraph 11 below. A one-week vacation adjustment will be given to students once they have been enrolled at Children's House for a period of 6 consecutive months, provided that the office is notified in writing at least 30 days in advance.
6. Children's House tries to follow the area public school calendars, but will be open during winter and spring breaks.
7. Children's House academic school year runs August 22, 2005 through June 2, 2006. A summer program is available for the remainder of the year at the regular monthly tuition charge.
8. I agree to pick up my child on time. If my child is participating in the Half Day program and I am more than one hour late picking up, I understand I will be billed for a Full Day. If I am later than 6 p.m., I will pay a late pick-up fine of \$5.00 per 5 minutes I am late to the employee on duty.
9. In consideration of the acceptance of my child as a student in Children's House, I, the undersigned, agree to indemnify and defend Children's House and its directors, officers, and employees against any claims or demands made by or on behalf of my child.
10. In keeping with the spirit of the program, which emphasizes importance of the participation in education by the child's parents and guardians, I agree to make every effort to attend the orientation meeting in August as well as any other events and parent-teacher conferences.
11. Each child is enrolled on a probationary status. Any child who demonstrates an inability to benefit from the type of care offered by the facility (after attempts have been made to meet that child's individual needs) or whose presence is deemed detrimental to the group may be discharged from the program. This contract can be terminated in the event of any of the following: (1) Parent, guardian, custodian or agent of the registrant provides 45 day advanced written notification of termination; (2) Documented medical condition or illness requiring extended absence, at the request of a properly licensed medical doctor; (3) Dismissal of child by the school.
12. Notice of Termination prior to the end of the school year will not be accepted unless all sums, which will be due to the school as of the effective termination date have been paid in full.
13. Upon cancellation or termination of this contract by the registrant under circumstances not included in 11. above, a prorated daily charge equal to the fee for of 45 calendar days will be assessed as a cancellation fee.
14. The parent, guardian, custodian or agent of the registrant accepts full responsibility for all terms and conditions of this contract.
15. By initialing the following, I agree:

<ul style="list-style-type: none">• to permit the participation of my child in the portrayal of school activities in films, slides, photographs or other representations of the school.• to permit the participation of my child in any dance, gymnastics or other athletic activities at the school. (Notice will be given prior to any religious holiday celebrations.)• to permit my child to take part in any field trips of the school or I agree to keep him at home.• to permit emergency medical care to be given to my child by a physician or the nearest available hospital and also agree that first aid may be supplied by Children's House staff. For the protection of all concerned, I agree to abide by the health rules established by Children's House.• to have my family name, address, and phone number released to other members of our school family. (IF YOU DO NOT WISH TO BE INCLUDED IN THIS LIST, PLEASE STRIKE THIS ENTIRE LINE AND SIGN HERE: _____).	<p>Initial Agreement:</p> <p>YES _____</p> <p>YES _____</p> <p>YES _____</p> <p>YES _____</p> <p>YES _____</p> <p>YES _____</p>
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16. Any changes or modification of this contract must be in writing and signed by the parties.

Signature of Parent/Guardian

Date

Complete Reverse Side

Children's House Daycare
1220 S. Lake Street Mundelein, IL 60060 (847) 949-6340
Hours: 7:00 a.m. to 6:00 p.m.

Date: _____

Application is hereby made for admission of registrant _____ (child's name) as student in Children's House for the school year 2005-2006. The following information is being submitted as part of this application:

Date of Birth: _____ **Gender:** _____

Home Address: _____ **City/Zip** _____

Home Phone: _____

Describe parent's marital status and custody arrangements (if any): _____
Has child attended any previous school? If yes, where? _____

In the future, my child will be attending _____ school. (This information may be used to help us decide whether the printing style, which is to be taught, is to be Manuscript or Italic.

Mother's Name: _____ **Religion:** _____

Address (if different than above:) _____

Home Phone (if different than above:) _____

Occupation: _____ Name of Firm: _____

Business Address: _____ Bus Phone: _____

Daily Work Hours: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Car/cellular phone/pager: _____

Email _____ Fax number _____

Father's Name: _____ **Religion:** _____

Address (if different than above:) _____

Home Phone (if different than above:) _____

Occupation: _____ Name of Firm: _____

Business Address: _____ Bus Phone: _____

Daily Work Hours: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Car/cellular phone/pager: _____

Email _____ Fax number _____

Siblings: Names and ages: _____

THE INFORMATION IN THIS BOX IS MANDATORY!

Your child cannot attend unless we have this information on file.

Doctor: _____ Address: _____ Phone # _____

Dentist: _____ Address: _____ Phone # _____

In case of illness or emergency and WE ARE UNABLE TO REACH YOU, list two individuals who will be available to pick up your child within the hour. Please do not list yourself, as you will ALWAYS be our first call.

Name: _____ Address: _____ Phone # _____

Name: _____ Address: _____ Phone # _____

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