



Higher Education for Little Children
3901 Fair Ridge Drive Fairfax, VA 22033 | 571-535-4567

ENROLLMENT FORM 2017-2018

CHILD INFORMATION

Name of Child (Last, First, Middle Initial)		Nickname	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Street Address		City	State	Zip Code
Names of sibling(s) enrolled		Home Phone Number	Allergies/Food Restrictions	
Previously attended school / program(s)		Chronic physical problems and/or developmental information		
Primary Residence <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian _____				
Days to Attend: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			Arrival Time	Departure Time
<i>*Note: Any changes to days and/or times after enrollment will require a new form to be completed and a \$15 administrative fee.</i>				

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1		Relationship to Child		
Home Phone Number (if different from Child)		Cell Phone Number		
Home Address (if different from Child)			Email Address	
Employer		Work Phone Number		
Parent/Guardian #2		Relationship to Child		
Home Phone Number (if different from Child)		Cell Phone Number		
Home Address (if different from Child)			Email Address	
Employer		Work Phone Number		

Office Use Only

Enrollment Date: _____ Start Date: _____ Termination Date: _____ Reason: _____

Program: Half Day (9a-1p) Extended Day (9a-3p) Full Day (9a-5:30p) All Day (7a to 6:30p-max.10hrs)

Tuition: \$ _____ Paid: Monthly Weekly (due Mon) Bi-Weekly

Enrollment Fee: \$ _____ Materials Fee: \$ _____ Security Deposit: \$ _____

Identity Verification: Place of Birth _____ Date of Birth _____

Birth Certificate Number _____ Date Issued _____

Other Form of Proof _____

Staff Signature _____ Date Viewed _____

ENROLLMENT FORM 2017-2018

Child Name: _____

EMERGENCY RESPONSE

Allergies or intolerance to food, medication, etc.	Action to take in an emergency
Physician's name	Phone #

EMERGENCY CONTACT AND RELEASE PERSONS

The names listed below will be contacted and are authorized to pick up my child if there is a medical or other emergency and the parent/guardian cannot be reached. Please notify the school if one of the Emergency Release Persons will pick up a child on a given day. For the safety of the child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

(*Please list ONLY persons who have not already been listed in the Parent/Guardian Information section.)

Name #1	Relation #1	Phone #1
Address #1		
Name #2	Relation #2	Phone #2
Address #2		
Name #3	Relation #3	Phone #3
Address #3		
**Person(s) NOT authorized to pick up child:		

EMERGENCY CARE AUTHORIZATION

The parent/guardian authorizes Kiddie College of Fairfax, LLC to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. Once the parent/guardian of the child in the emergency situation has been contacted, the center staff will adhere to the care instructions of the parent/guardian. The parent/guardian agrees to indemnify and hold harmless Kiddie College of Fairfax, LLC and its staff against any claim, demand, debt, obligation, liability, cost, expense, right of action, or cause of action based on, arising out of such emergency.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Staff Signature: _____

PARENT/GUARDIAN INSURANCE INFORMATION

Name of Subscriber	Relationship to Child	Insurance Company Name
Insurance Company Address		Insurance Company Phone #
ID Number	Group Number	Effective Date

ENROLLMENT FORM

2017-2018

Child Name: _____

ENROLLMENT AGREEMENT

Please initial each section below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **TUITION:** Tuition in the amount of \$ _____ is due monthly weekly bi-weekly. I agree to pay on or before the first of every month the Monday of every scheduled or bi-weekly time period. I agree to pay the tuition fee as agreed upon and understand that no reduction of fees, credits, allowances or makeup days will be made for holidays, vacations (except as explained in the Parent Handbook), absences or closings due to weather or unforeseen circumstances.

_____ **LATE OR UNPAID TUITION:** If payment in full is not paid when due, I agree to pay the late payment fee in amount of \$5/day for each day late past the grace period. (The grace period is as follows: Wednesdays for weekly or bi-weekly tuition payments; or the 10th of each month for monthly payments). Accounts two weeks in arrears may result in immediate termination of service until the account can be made current. The center cannot guarantee a child's spot will be available if withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **LATE PICK UP FEES:** A late pickup fee of \$1 per minute per child will be assessed when a child is left beyond the agreed upon program schedule. Dropping a child off later than the agreed time does NOT allow picking up the child late. Chronic late pick-ups may be grounds for termination of service.

_____ **MODIFICATIONS OF SCHEDULE:** I understand that I am required to give a 2-week notice for any decrease in hours and/or days in my child's schedule or a 48-hour written notice for any increase in hours and/or days in my child's schedule. There is a \$15 charge for each modification of a child's schedule in a 3 month time frame.

_____ **TUITION RATES:** Rates and tuition fees are subject to change with reasonable notice as conditions require. I understand I will be given at least a one month notice of any changes and that I am responsible to pay the current rates and fees.

_____ **RETURNED CHECKS:** I understand that a processing fee in the amount of \$35 will be charged to my account for all checks which are returned for any reason.

_____ **UPDATED REGISTRATION FORM:** I understand a new, updated registration form is required for all students for each new academic school year in order to keep records as up to date as possible. I further understand that I will NOT be charged another registration fee. The new form is only to keep the center's records as up to date as possible and to adjust for any new tuition rates.

SECTION 2: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I understand that I am required to enter the school to drop off and pick up my child. I understand that I must escort my child to and from the designated classroom and staff member each day. I further understand that I must sign my child in and out every day on the daily sign-in/sign-out sheet.

_____ **ILLNESS:** I will be notified if my child becomes ill during the day and I will make immediate arrangements to pick up my child upon such notification. If my child is exposed to or contacts a contagious disease, I will notify the school as outlined in the Parent Handbook.

_____ **MEDIA / PHOTOS:** I have been informed that my child may be photographed while participating in normal daycare activities and events. These images may be displayed on the center's websites or displayed in their classrooms. However, I understand I will be notified if any photos/videos taken by staff members are to be used for public relation purposes, such as brochures, flyers, etc; and, I understand that I have the right to refuse permission for such use.

Child Name: _____

ENROLLMENT AGREEMENT (cont.)

SECTION 3: OTHER INFORMATION

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. I understand that when my child is withdrawn s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. I understand that the security deposit will not be refunded if withdrawn before the end of school year which is from September to June. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable registration fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (tuition, registration or activity) are non-refundable.

_____ **PARENT HANDBOOK:** I acknowledge receipt of the Kiddie College of Fairfax Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ **FAITH BASED EDUCATION:** I acknowledge that I have been informed and understand that Kiddie College of Fairfax is a faith based-institution with Christian faith-based education.

_____ **COMMUNICABLE DISEASE:** I acknowledge that parents or guardians are required to inform the school within 24 hours or by the next school day after the child or a member of the immediate household has developed a communicable disease.

These policies have been reviewed with me by a staff member of Kiddie College of Fairfax. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____

Administrator Signature: _____

Date: _____