

**ENROLLMENT AGREEMENT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Programs & Tuition Rates:**

_____ Infant (6 weeks—12 months)	\$160.00/Week
_____ Young Toddler (12 months—24 months)	\$150.00/ Week
_____ Older Toddler (24 months—3 years)	\$140.00/ Week
_____ Preschool (3 years—school age)	\$130.00/ Week

**Hours of Care:** Our center is open from 6:00 am through 6:00 pm Monday through Friday

Approximate Drop-off Time: \_\_\_\_\_ Approximate Pick-up Time: \_\_\_\_\_

You are expected to adhere as closely as possible to these times, and we strongly discourage any children to be left at the center for more than 10 hours each day. In order to maintain the necessary staffing ratios, if you must adjust either your drop-off or pick-up time, you must notify the center in advance. All children must be picked up by no later than 6:00 pm or additional penalties will apply, as explained in the Payment Terms section of this Agreement.

**Payment Terms:**

1. Weekly tuition payments are due no later than 6:00 pm Wednesday for the following week's service. If not received by 6:00 pm each Wednesday, a \$5.00 per day late fee will be charged. If tuition is not received by Friday at 6:00 pm, your child will not be taken into care the following week until your balance is paid in full including late fees. After one week of non-payment, your child's enrollment could be cancelled and his/her spot given to another child.
2. Full tuition is charged even for period of time that your child might be on vacation, your child is sick, closed holidays or weather emergencies, even if the center is closed. The only exception is the period of time between Christmas (December 25 through January 1), during which time our center is closed and there is no tuition charged for that time. If this period of time spans over two service weeks, then the tuition charged for each affected week will be prorated and notice of the amount due for such week will be posted at the center.
3. All payments must be made by check, money order, cashier's check or direct debit through your bank account.
4. Any checks or automatic debits returned for insufficient funds will incur a \$20 fee. After two checks or automatic debits returned for insufficient funds, all future payments must be made by money order or cashier's check.
5. Our center closes at 6:00 pm and all children must be picked up by that time. Any parent picking up a child after that time will be charged a late fee of \$20 PLUS and additional \$5 per minute that your child remains at the center.

## Payment Terms (cont'd):

6. Any additional charges, penalties or fees must be included in the next tuition payment.
7. If multiple children from the same household are enrolled in our center, a 10% discount is applied to the eldest child's tuition rate..
8. If, for any reason, your account is turned over to a collection agency, you will be responsible for any collection, filing or attorney's fees, as well as any court costs associated with collection of any amounts owed to the center.
9. All fees cover the cost of care for your child plus two daily snacks and drinks. A lunch must be provided from home for each child. Breakfast will also not be provided, but families' may send breakfast in for your child by 8:00 am and our staff will feed your child. Families will provide formula, diapers, wipes and other daily maintenance items.
10. Parents and guardians agree and understand that failure to abide by any of the specified payment terms may result in termination of services for their child.
11. Parents and guardians agree and understand that continued enrollment of their child is dependent upon parental support of the school, its staff and any applicable policies.

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*RockSTART agrees to provide qualified staff and facilities consistent with state licensing requirements for the care and education of your child. We commit to fair charges for these services and to legal and ethical collection of those charges.*

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Signature of Parent/Guardian

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Date

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Signature of Director

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Date

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6 Month Periodic Review:

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Signature of Parent/Guardian

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Date

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Signature of Director

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Date

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6 Month Periodic Review:

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Signature of Parent/Guardian

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Date

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Signature of Director

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Date

# ROCKSTART – A QUALITY CHRISTIAN EARLY LEARNING CENTER

## Enrollment Form and Consent

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI (Answers to)

Preferred Enrollment Starting Date (if ASAP, please indicate): \_\_\_\_\_

Sex: Male Female Race, nationality, or ethnic group: \_\_\_\_\_

Does this child have any disabilities or special needs? Yes No

If yes, please describe (attach IEP, IFSP, etc): \_\_\_\_\_

### Parent / Legal Guardian #1

Name: \_\_\_\_\_ Lives with Child: Yes No

Relationship to Child: \_\_\_\_\_ Billing Party: Yes No

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
WE DO A LOT OF COMMUNICATING VIA EMAIL (UPDATES, ETC.)

### Parent / Legal Guardian #2

Name: \_\_\_\_\_ Lives with Child: Yes No

Relationship to Child: \_\_\_\_\_ Billing Party: Yes No

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
WE DO A LOT OF COMMUNICATING VIA EMAIL (UPDATES, ETC.)

Status of Parents: Single Married Separated Divorced Widowed Live together

Is there a court order in place regarding custody or visitation? Yes No (If yes, must be attached)

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**Persons to whom child may be released at any time**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Other than parents, please list two local persons to call for illnesses, accidents, late pick-up, or other emergency reasons. Please list in order of contact preference.*

**Emergency Contact #1**

Name: \_\_\_\_\_ Phone # (While child is in care): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Phone # (While child is in care): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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Name of Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Medical Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Insurance Subscriber/Responsible Party's Name: \_\_\_\_\_

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Allergies and reactions to said Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other physical, mental, emotional health concerns: \_\_\_\_\_

**Consent to Medical Care**

I, \_\_\_\_\_, hereby give permission for my child \_\_\_\_\_  
To be given emergency treatment, i.e., first aid and CPR, by a qualified staff member of RockSTART. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. If I cannot be contacted, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or center staff to an emergency center for treatment. I agree that I will pay all physician and hospital bills, and that RockSTART will not be responsible for them.

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Signature of Enrolling Parent/Legal Guardian

Date

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6 Month Periodic Review:

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Signature of Enrolling Parent/Legal Guardian

Date

6 Month Periodic Review:

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Signature of Enrolling Parent/Legal Guardian

Date

6 Month Periodic Review:

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Signature of Enrolling Parent/Legal Guardian

Date

**A non-refundable enrollment fee of \$50.00 is required for each child.** If spaces are not available to accommodate your child, you will be placed on a waiting list until space is available. A separate enrollment form and fee is required for each child that you are enrolling. If, at any time, you no longer wish to remain on our waiting list, please contact us.

Prior to beginning service, you will be required to complete additional paperwork concerning your child.