

Enrollment Agreement for Child Care Services

I understand my child _____ is enrolled at Peace of Mind Early Education Center. I would like to begin on _____, 2008 at the following location: **Please circle one:**

Peace of Mind **Tamarack**
9025 Tamarack Road

OR

Peace of Mind at **Woodwinds**
1825 Woodwinds Drive

Child's Date of Birth _____

Office use only:		Staff Initials
Child's Class:		
<input type="checkbox"/> Infant	<input type="checkbox"/> Pre School	
<input type="checkbox"/> Toddler	<input type="checkbox"/> Pre @ Toddler Rate	

My child will be attending the center on the following days at the following times.

Day of Week	Morning Start Time	Evening Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

*****Note: State law does not allow a child to contract to attend for more than 10 hrs per day*****

I understand that if the times that my child will be in attendance will change I will need to give the center 24 hours notice so that they may alter staffing patterns. If my child's start time is not regularly before 7:00 a.m; I understand that I may not bring my child to the center before 7:00 a.m. unless arrangements have been made with the director the day before. Note: The Woodwinds location opens at 7:00 a.m. If for any reason I choose not to start on the above date, I must give **two weeks written** notice or I will be charged for two weeks of care for my child. I also agree that if I decide to withdraw my child, or make a change to the days or times that my child will be attending the program, I will give two weeks **WRITTEN** notice or be billed for, and responsible for the equivalent hours. I understand that the \$125.00 registration fee is non-refundable, regardless of my child's attendance.

By signing below, I acknowledge that I have received a copy of the center's Tuition and Registration Policies, as well as the center's policy regarding sick children including information about when sick children may return to the center. I agree to comply with the center's policies as provided to me.

(Both parent's must sign if two custodial parents)

Parent's Signature: _____ Parent's Signature: _____

Date: _____ Date: _____

****One form is required for each child enrolling in the program****

Office use
Date stamp form received. _____
Application fee received _____
Check # _____



Peace of Mind Early Education Center 23
Voted Best Day Care Center
2007 Reader's Choice ~ Lillie News