



# 2010-2011 ENROLLMENT CONTRACT

**Central Early Childhood Center**  
 5144 Oak Street, Kansas City, Missouri 64112  
 816-753-1844 central\_ecc@yahoo.com  
 www.centralcares.com fax: 816-756-1553

OFFICE USE ONLY	
Order rec. _____	Date In: _____ / ____ / 10
Class _____	Days _____
Initials _____	

Child's full legal name _____	Nick name _____	Birth Date _____	Male / Female _____	Age _____
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Child lives with \_\_\_ Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other/Please specify \_\_\_\_\_  
 Toileting trained?: Fully independent \_\_\_\_\_ date \_\_\_\_\_; Almost \_\_\_\_\_; In process \_\_\_\_\_; No \_\_\_\_\_  
 Please list, in order, the parent or guardian to contact **first** for emergency or informational purposes.

**Parent/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell phone(s) \_\_\_\_\_ Work phones \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_ Employer \_\_\_\_\_ Hours \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell phone(s) \_\_\_\_\_ Work phones \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_ Employer \_\_\_\_\_ Hours \_\_\_\_\_

Class <small>Circle preference(s) Directors make final placement</small>	Check Day(s) Requested <small>Must enroll a minimum of two days.</small>	# of days	X	Monthly tuition	=	Total Tuition
Ark (3-9 mo) Kangaroo (7-12 mo)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$120.00 \$90.00 (Fri. rate)	=	
Panda (12-24 mo)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$120.00 \$90.00 (Fri. rate)	=	
Koala (18-32 mo)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$108.00 \$82.00 (Fri. rate)	=	
Butterfly (2-3 yrs)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$108.00 \$82.00 (Fri. rate)	=	
Zebra (3 - 5 yrs)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$108.00 \$82.00 (Fri. rate)	=	
Rainbow (3 - 5 yrs) Dinosaur (3 - 5 yrs) <small>(Toilet trained only)</small>	<input type="checkbox"/> MWF* <input type="checkbox"/> TR <input type="checkbox"/> M through F*		X	MWF \$298.00 TR \$216.00 M-F \$514.00	=	
Before School <small>After 7:30 am – 9:30 am</small>	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$56.00/ *\$42.00 (Fri. rate)	=	
After School <small>2:00 pm – Before 5:30 pm</small>	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.*		X	\$98.00/ *\$74.00 (Fri. rate)	=	

**Full-time Discount** = Discount of approx. 25% if enrolled 5 days with Before **and** After school. Discount of approx. 10% if enrolled 5 days with Before **or** After school. Other discounts do not apply.  
 **Multiple Child Discount** (Applies towards 2<sup>nd</sup> and subsequent siblings enrolled.) Discount = \$10.00 for each additional sibling enrolled.  
 **Central UMC Member Discount** (Applies towards all children enrolled.) Discount = \$5.00 per day child is enrolled. (For example, if child is enrolled for M, T & W, discount would be \$15.00 off monthly tuition.)

Tuition Subtotal <b>(August = half rate.)</b>	
Discount applied (see left) (-)	
Non-refundable Enrollment Fee	<b>+\$50.00</b>
<b>TOTAL BALANCE DUE</b>	

Tuition is payable on the first of each month and is delinquent after the fifteenth, unless specific arrangements are made with the Director. A \$20.00 late fee will be assessed after the 15<sup>th</sup>. Failure to pay for two months in a row will result in suspension of enrollment until payment is made. Payments can be made by check or money order. **NO CASH.** Monthly tuition may be set up on an automatic payment plan. **Families must reenroll each session for auto payments.** Enrollments accepted only if current account is paid in full. Returned checks are subject to penalties. (*\*Friday tuition reflects no class scheduled once a month due to Staff Inservice.*)

**Attention: Please read, complete, and sign reverse side of form before turning in to program director(s). Thank you.**

Other than the parents and/or legal guardians the following people have permission to serve as emergency contacts and/or pick up my child from school.

Name	Local Address	Phone(s)	Relationship

If there is anyone who is **not** to pick up your child please explain below.

- I understand that my tuition pays for core hour classes that meet from 9:30am to 2:00pm unless I enroll in the Before and/or after School program.
- Missed days can not be made up.
- I will provide lunch for my child each day.
- I will provide snacks according to accreditation and health department guidelines for the class on a periodic basis.
- I do \_\_\_ do not \_\_\_ give permission for my child's photographic image to be used for publicity or information purposes.
- **I agree to read and be responsible for understanding and abiding by all policies and procedures outlined in the Family Handbook.** This includes the accident and illness guidelines. (Handbook received at Orientation or before.)
- I/We give permission for our child to participate in school sponsored walking field trips (weather permitting) or activities.
- In case of medical emergency, I/we understand that every effort will be made to contact us.
- **I have completed and turned in all health forms for my child documenting that all immunizations are current and that my child has received a health release from a physician or health department.** I will update as needed.
- I understand that the school year program is closed for Winter and Spring breaks, some holidays and one Friday per month for staff development. Optional Winter and/or Spring camps may be offered for an additional fee.
- Parent orientation will be held on August 16, 2010. Child orientation will be held on August 17, 2010.
- Classes will begin on August 18, 2010. The last day of the school year will be May 27, 2011.

I give permission to Central Early Childhood Center personnel to call 911. In the event that I/we cannot be reached, I/we give permission to the attending physician, and to whatever hospital our child is taken, to administer whatever emergency or other medical treatment their sound medical judgment recommends.

Preferred Hospital \_\_\_\_\_ Insurance Company \_\_\_\_\_

	Name	ID #	Group #
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Child's Doctor _____	Name	Address	Phone
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Child's Dentist _____	Name	Address	Phone
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DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR ALLERGIES? IF YES, PLEASE SPECIFY

Additional Allergy Form Completed? Yes No

I/We, the undersigned parent(s) or guardian(s), hereby register our child at Central Early Childhood Center. I/We agree that first month's tuition is due at the time of enrollment. **Enrollments will not be accepted without non-refundable enrollment fee and tuition paid in full.** Checks will be made payable to: Central Early Childhood Center (CECC). We agree to notify a director immediately if we change plans and do not intend to have our child attend Central ECC. We understand that if we withdraw from Central Early Childhood Center, the enrollment fee is NOT refundable. Before June 15 one half (1/2) of the first month's tuition is refundable. If withdrawing June 15, or after, the first month's tuition is NOT refundable. Sorry, no exceptions. After the first month of school, we understand that our child may be withdrawn and payments stopped after two weeks written notice is given to the school. We also understand and agree that by reason of the necessary commitments of the school, refunds of tuition, for reasons of absence, will not be made.

**I have completed this form with the most current information available. I have read and understand all of the above information.**

**Parent/Guardian(s) Signature(s):**

Date:

**OFFICE USE ONLY**

Fees Paid:

Date \_\_\_\_\_

Enrollment \_\_\_\_\_

Tuition \_\_\_\_\_

Check # \_\_\_\_\_

Please return this **Enrollment Contract with all Fees and Tuition Due** to: Central Early Childhood Center (CECC)