



2010 SUMMER 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

Child lives with ___ Mother ___ Father ___ Both ___ Other/Please specify _____
 Is your child toilet trained? Yes ___ No ___
 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 _____

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Class <small>Directors make final classroom placement to meet ratios</small>	Check Day(s) Requested <small>Must enroll a minimum of two days.</small>	# of days	X	Monthly tuition	=	Total Tuition
12 months – 3 yrs (or older but not yet toilet trained)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.		X	\$120.00	=	
3 yrs – 5 yrs (Must be toilet trained)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.		X	\$108.00	=	
Kindergarten through 2 nd grade	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.		X	\$99.00	=	
Before School After 8:00 am – 9:30 am	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.		X	\$47.25	=	
After School 2:00 pm – before 5:00 pm	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.		X	\$94.50	=	

Full-time Discount = Discount of approx. 25% if enrolled 4 days with Before and After school. Discount of approx. 10% if enrolled 4 days with Before or After school. Other discounts do not apply.
 Multiple Child Discount
 (Applies towards 2nd and subsequent children 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	
Discount applied (see left) (-)	
Non-refundable Enrollment Fee	+\$25.00
TOTAL BALANCE DUE	

OFFICE USE ONLY
 Fees Paid:
 Date _____
 Enrollment _____
 Tuition _____
 Check # _____

Summer session will begin on June 7 and end on July 29, 2010. Tuition is payable on the first of each month and is delinquent after the fifteenth, unless specific arrangements are made with the Directors. A \$20.00 late fee will be assessed after the 15th. Payments can be made by check or money order. NO CASH. Monthly tuition may be set up on an automatic payment plan. Enrollments will only be accepted if current accounts are paid in full. Returned checks are subject to penalties.
ATTENTION: AUTO PAYMENTS ARE NOT AVAILABLE FOR SUMMER.
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.
- Classes will be created according to enrollment. Directors will place children in appropriate classes for their age and/or abilities.
- Missed days can not be made up.
- I will provide lunch for my child each day.
- I do ____ do not ____ give permission for my child's photographic image to 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.**
- The summer program will begin on June 7, 2010 and end on July 29, 2010

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 _____

Child's Doctor _____	Name	ID #	Group #
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_____	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 May 1 one half (1/2) of the first month's tuition is refundable. If withdrawing May 15, or after, the first month's tuition is NOT refundable. Sorry, no exceptions. After the first two weeks of summer, 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. **AUTO PAYMENTS ARE NOT AVAILABLE DURING THE SUMMER.**

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:

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