

2011-2012 NURSERY/KINDERGARTEN READINESS WITH DAYCARE OPTION

Staff Use Only:

SESSION ENROLLED: _____

CHILDREN'S CENTER OF NORTH HARFORD
Nursery School, Kindergarten Readiness with DAYCARE OPTION
707-708 Highland Road, Street, Maryland 21154
410-836-0444
e-mail: ccnh707@zoominternet.net

REGISTRATION CONTRACT

Child's Full Name _____
Nickname, if any _____
Birthdate _____
Parents Names _____
Home Address _____
e-mail Address _____
Home Phone Number _____
Cell Phone Number _____
Family Physician/Child's Physician _____
Physician's Phone Number _____
Mother's Employer _____
Employer's Address _____
Employer's Phone Number _____
Father's Employer _____
Employer's Address _____
Employer's Phone Number _____

+++++

Please list a Neighbor/Relative to call in case of Emergency if Mother/Father cannot be reached:
Name _____
Address _____ Phone Number _____

+++++

I. REGISTRATION POLICY

- A. For NEW STUDENTS, a Registration Fee of \$70.00 is payable prior to admission at the time of Registration and submission of completed Registration Contract. FIRST MONTH'S TUITION is also DUE at the time of Registration.
- B. For RETURNING STUDENTS, a Registration Fee of \$70.00 is payable prior to admission at the time of Registration and submission of completed Registration Contract. FIRST MONTH'S TUITION is DUE on June 1st of the current year.

II. ATTENDANCE POLICY

- A. All children, regardless of religion, race, sex, or national origin, within the ages of 3 to 5 years, and who are independently toilet trained, are eligible for admission to the Center.
- B. Pupils are enrolled for the entire Nursery or Kindergarten program year (September – June).
- C. NO Tuition deductions can be made for occasional absences.
- D. NO Tuition deductions can be made for prolonged absences other than the child's illness. In cases of child's prolonged absence due to illness, Tuition reduction may be made if approved by the Center Board of Directors.
- E. Any absence due to illness for five (5) or more consecutive days will require a written statement from the child's physician regarding freedom from infection and eligibility for re-admission to the Center.

- over please -

WITH DAYCARE OPTION**II. ATTENDANCE POLICY (con't)**

F. **Withdrawal:** It is expected that all Parents fulfill the entire year Tuition obligation by paying the total amount in full or by completing each of 10 installment payments. In cases of early withdrawal from the Center's program, Parents are responsible for the entire installment payment for the child's last month of attendance regardless of the actual number of days that the child attends. For example, if the child is withdrawn on April 4th or April 28th, Parents are responsible for the full amount of the installment payment (which is installment # 9 of 10). It is a condition of enrollment that CCNH is entitled to the prepaid month since it is expected that Parents pay a full year's Tuition. For Parents who withdraw their child from the Center's program prior to the start of classes in September, two weeks written notice must be given to the Center. In cases where two weeks written notice is received, Parents will be refunded the first month's Tuition payment, but Registration Fee is non-refundable.

III. TUITION RATES FOR NURSERY/KINDERGARTEN READINESS WITH DAYCARE OPTION

1. TuTh Plan #1 (Before School Daycare (6:30 AM-9:00 AM) and AM (9 AM-12 Noon) Nursery School): \$208.00 per installment / \$2080.00 yearly
2. TuTh Plan # 2 (Before School Daycare (6:30 AM-9:00 AM) and Full Day (9:00 AM-3:30 PM) Nursery School): \$328.00 per installment / \$3280.00 yearly
3. TuTh Plan # 3 (After School Daycare (3:30 PM-6:00 PM) and Full Day (9:00 AM-3:30 PM) Nursery School): \$328.00 per installment / \$3280.00 yearly
4. TuTh Plan # 4 (Before School Daycare (6:30 AM-9:00 AM), Full Day (9:00 AM-3:30 PM) Nursery School, and After School Daycare (3:30 PM-6:00 PM): \$416.00 per installment / \$4160.00 yearly
5. MWF Plan #1 (Before School Daycare (6:30 AM-9:00 AM) and AM (9 AM-12 Noon) Nursery School): \$300.00 per installment / \$3000.00 yearly
6. MWF Plan #2 (Before School Daycare (6:30 AM-9:00 AM) and Full Day (9 AM-3:30 PM) Nursery School): \$477.00 per installment / \$4770.00 yearly
7. MWF Plan #3 (After School Daycare (6:30 AM-9:00 AM) and Full Day (9 AM-3:30 PM) Nursery School): \$477.00 per installment / \$4770.00 yearly
8. MWF Plan #4 (4 (Before School Daycare (6:30 AM-9:00 AM), Full Day (9:00 AM-3:30 PM) Nursery School, and After School Daycare (3:30 PM-6:00 PM): \$609.00 per installment / \$6090.00 yearly
9. M thru F Plan #1 (Before School Daycare (6:30 AM-9:00 AM) and AM (9 AM-12 Noon) Nursery School): \$500.00 per installment / \$5000.00 yearly
10. M thru F Plan #2 (Before School Daycare (6:30 AM-9:00 AM) and Full Day (9:00 AM-3:30 PM) Nursery School): \$790.00 per installment / \$7900.00 yearly
11. M thru F Plan #3 (After School Daycare (3:30 PM-6:00 PM) and Full Day (9:00 AM-3:30 PM) Nursery School): \$790.00 per installment / \$7900.00 yearly
12. M thru F Plan #4 (Before School Daycare (6:30 AM-9:00 AM), Full Day (9:00 AM-3:30 PM) Nursery School, and After School Daycare (3:30 PM-6:00 PM): \$1010.00 per installment / \$10,100.00 yearly

IV. TUITION PAYMENTS SCHEDULE

- A. Tuition is due in advance by the 5th day OF EACH MONTH. (Please see CCNH General Information Booklet for specific payment schedules/options)
- B. If Tuition is NOT received by the Treasurer by the 5th day, a Late Charge of \$20.00 will be assessed. The Late Fee will accrue monthly until Tuition payments are current.
- C. The Late Charge assessment can be avoided by contacting the Treasurer prior to the last day of the month.

WITH DAYCARE OPTION

V. IMMUNIZATION POLICY

- A. The Maryland State Department of Health and DHR (Department of Human Resources) provide Forms for each newly enrolled child.
- B. Forms are to be COMPLETED and RETURNED to the Center 30 DAYS PRIOR TO THE CHILD'S ADMISSION TO THE CENTER.
- C. Failure to complete and return immunization/medical forms within the 30 day prior-admission period will result in withdrawal of the child from enrollment at the Center.

+++++

I understand and agree to the policies as stated above. I understand that I am enrolling my child in the following class session:

_____ and that the Tuition Payment per month is \$ _____ or \$ _____ yearly.

PARENT SIGNATURES: Mother: _____

Father: _____

DATE _____

+++++

*** STAFF USE ONLY PLEASE – STUDENT INFORMATION ***

Date Enrolled: _____ Date Withdrawn: _____

Age Level (Group): _____

NUMBER DAYS ABSENT:

Sept – Nov: _____ Nov – March: _____ March – June: _____

SESSION ENROLLED: _____

REGISTRATION FEE \$70.00	PAID	DUE JUNE 1 st
FIRST MONTH'S TUTION	PAID	DUE JUNE 1 st

CHECK #: _____ AMOUNT:\$ _____ DATE: _____