



ENROLLMENT REGISTRATION INFORMATION

_____ My child _____ will attend M T W TH F
from _____ AM/PM to _____ AM/PM and his/her weekly tuition fee will be \$_____ with a sibling discount of 10%
if applicable. My School Age child's full time weekly tuition school breaks will be \$_____.

_____ I understand that Buhach Preschool offers full time, part time, and before and after school care. I understand the rates from the rate sheet and understand the difference between full time, part time, and before and after school care. I also understand that part time is five hours or less and anything after five hours is full time.

_____ I understand that I must sign my child in and out using the exact time as required by state licensing and that I will escort my child to his/her classroom.

_____ I understand that an annual, non-refundable Registration Fee of \$_____ shall be paid in advance to enroll my child and will be due every August to continue enrollment.

_____ I understand that tuition is due and payable on Friday before the week of services, if not received by Monday of the following week I will receive a late fee of \$20.

_____ I understand that if I am on an assistance program, I am the person responsible for submitting all required documents to the agency and to Buhach Preschool. I also understand that I am responsible for any payment or portion of payment not received from the agency.

_____ I understand that Buhach Preschool is open from 06:30 AM to 6:00 PM Monday to Friday, except for announced changes or Holidays. I understand that if I fail to pick up my child by 6:00 PM a late pick up fee of \$15.00 for every 15 minutes I'm late will be applied per child. I also understand that if my child is scheduled for half time and I pick him/her up after the five hours the late pick up fees may apply.

_____ I understand that if I have an unpaid balance of two or more weeks I may be asked to disenroll my child and that he/she may come back after the amount is paid in full. Any unpaid fees may be sent to a third party collection agency.

_____ I understand that Buhach Preschool only accepts payments in the form of Check or Money Order. In the event that my check is returned for any reason Buhach Preschool will apply a d fee of \$25.00 in addition to any other fees my financial institution may charge me.

_____ I understand that I must provide a two week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two weeks whether my child attends or not. I understand that a credit balance of \$10.00 or less will not be processed unless I request it in writing.

_____ I understand that Buhach Preschool will be closed on the following holidays: New Years Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Day after Thanksgiving, Christmas Eve, and Christmas Day. The observance of these holidays will be done in accordance to industry



standards. If the holiday falls on a Saturday it will be observed on Friday, if the holiday falls on a Sunday, it will be observed on Monday.

_____ I understand that I have three vacation weeks pre calendar year in which I will receive a 50% discount on my child's regular tuition when requested in advance. I understand that I will not receive credit, refunds, or re-makes on days my child is absent from the center because of illnesses, holidays, or emergencies.

_____ I authorize Buhach Preschool to use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

_____ I understand that if I photograph, videotape, or audio record my child on Buhach Preschool property, I may only use such recordings for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of other children or staff other than my child.

_____ I understand that childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition or the children in the center, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or Buhach Preschool.

_____ I understand that at any point when a child becomes a danger to anyone including themselves, teachers, or other students he/she may be disenrolled from Buhach Preschool.

_____ I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I, are bound by state child care regulations, the family handbook, and any other company policies, which may be modified at any time with proper notice. I also understand that I may change my child's schedule based on our family's needs, and or change or update any of the information provided and may need to fill out new enrollment documents.

_____ I have received Buhach Preschool's Parent Handbook and will become familiar with all the information it contains.

_____ I understand that I must receive a 30 day advance notice before any rate change.

Buhach Preschool does not discriminate on the basis of religion, color, race, gender, sexual orientation, age, national origin, disability, or any other factors protected by law.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Director Name _____

Director Signature _____ Date _____