



ENROLLMENT CONTRACT

It is my desire to have my child enrolled at Lallipop Child Care Center! I have received a copy of the **Parent Handbook**. I have read, understand and agree to abide by the policies contained therein. I further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child from the daycare program.

I also agree to give a minimum of two weeks written notice (ten full business days) of my intent to withdraw my child from the daycare program. If two weeks notice is not given, I agree to make full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied to the final two-week period.

Please **initial** next to each item confirming agreement to our policies, thank you!

_____ I understand that I must complete all Enrollment, Emergency and Immunization forms in full.

_____ In the event of an emergency, obtain at my expense any emergency treatment to treat my child, if needed.

_____ I understand the daycare tuition fees are _____ per week. I understand that I am responsible for the above payment in full every week, regardless of holidays or days missed for any reason.

_____ I understand daycare payment is due no later than Friday of each week for the following week's care. Late fees will follow if payment is not received in full.

_____ I understand the hours of operation are from 6:30am to 6:00pm Monday to Friday.

_____ I understand the late pickup fee is \$5.00 per minute.

_____ I understand the return check policy.

_____ I understand the behavior policy and have read and shared the daycare rules with my child where applicable.

_____ I authorize pictures of my child in class/play events or activities are allowed and can be shared on Daycare premises, and/or affiliations associated with the daycare.

LalliPop Child Care Center

Parent

Date