

Creative Center Policy Agreement

Child's Legal Name _____

Child's D.O.B. _____ Parents Name _____

Days and Hours of Operation: Monday through Friday 6:00a.m. To 6:30p.m.

How did you hear about us? _____ E- Mail Address _____

Satisfaction Guarantee & Refund Policy

I understand that a satisfaction guarantee applies to my child's first calendar week of attendance as a new enrollee. If I should have concerns that cannot be resolved to my satisfaction on or before Friday of the first week of attendance, I must submit my written request for a refund and notice of withdrawal. I understand that the registration fee will not be refunded.

_____ **Initial**

Tuition

I have enrolled my child in the following _____ program: Days: (circle) M T W TH F. The current tuition rate for this program is \$ _____ per week or month. I understand no allowances shall be made for occasional absences. The rates are subject to change as conditions may require. I will receive as much notice as possible.

_____ **Initial**

Payment and Tuition

I understand that Payment and Tuition is due and payable in advance. Tuition must remain current (i.e. payable on each Monday of week your child/children is attending). A late fee of \$5.00/ day will be assessed on Tues, Wed, & Thurs. Full payment (including late fees) must be paid by pick-up on Friday for your child/children to attend the following week. I understand that a NSF check charge of \$ 25.00 will be added to my account for any returned checks. If a second check is returned, I will be required to pay in cash or money order for the next six months.

_____ **Initial**

After School Program extra charges

*Early dismissal days: \$8.00

*No school days: \$12.00 - \$18.00

_____ **Initial**

Payment Method

Cash – Check – Credit Card (\$2.00 service charge) Visa – Master Card – American Express

_____ **Initial**

Registration Fee

I understand that a non- refundable Registration fee of \$ _____ shall be paid to enroll my child. For those enrolling for the summer months only, a non-refundable Activity Fee of \$ _____ shall be paid at the time of registration.

_____ **Initial**

Re-Enrollment/Pre-Registration Fees

I understand that in order to continue my child's enrollment each year, I must pay an annual, non-refundable reenrollment fee. I understand that Creative Center cannot guarantee my child's space for the school year beginning Mid-August, unless I have Pre-registered.

_____ **Initial**

Family Discounts

A 5% discount is offered for 2 children from the same family. A 3% tuition discount will be granted for payments made two weeks in advance. A 5% discount will be granted for tuition payments made a month in advance. The maximum discount per family is 5%. All discounts will be forfeited if payment is not made on time.

_____ **Initial**

Charges for Late Pick – Up

I understand that if my child remains past the scheduled closing time, 6:30 p.m., I will be charged, and I agree to pay an additional charge of \$1:00 per minute per child, which goes to the staff member staying late.

_____ **Initial**

Holidays

I understand that Creative Center is closed for the following holidays, and I agree that I am not entitled to any refund, credit or make-up day or any other allowance for the days:

New Year's

Labor Day

Thanksgiving and the day after

Memorial Day

Fourth of July

Christmas Day

_____ **Initial**

Absences

I agree to provide one weeks' notice in case of planned absences or vacation. I understand that no allowances shall be made for occasional absences. Refunds, credits or make-up days cannot be granted. Credited vacation time is limited to two weeks. In the case of planned extended absence or vacation of one or two calendar weeks, I agree to pay a Holding Fee in lieu of tuition. This \$_____per week Holding Fee (limited to two weeks) will guarantee my child's space in the program during the period of absence.

_____ **Initial**

Child Accident Insurance

Accident Insurance is provided for all children during their hours of attendance. Student Accident Insurance will be governed by Creative Center Policies. Creative Center carries liability insurance in amounts, which exceed state licensing requirements. In the event that my child is injured at the center, I understand that if my child is covered by other insurance, Creative Center's "Accident Insurance" is secondary coverage. If no other coverage is available Creative Center's "Accident Insurance" will apply. However there is a \$100.00 deductible. I understand that the \$100.00 deductible is my responsibility.

_____ **Initial**

Withdrawal from Program

I understand that I must provide one week's written notice of withdrawal from the program. If written notification is not provided, I agree to pay all fees for the program in which my child is scheduled to attend, if I wish to re-enroll an additional "Registration Fee" will be due.

_____ **Initial**

Release of a Child

I agree to complete the Sign-In/Sign Out form, including a complete signature on a daily basis. I understand that my child will be released only to those persons whose name I have listed on the "Blue Card" for emergency purposes. I will notify the Director or other designated person in writing, if any person other than those listed may pick-up my child. Creative Center employees require proof of identification from any caller or person arriving to pick-up my child. It is my responsibility to update my employment information and any emergency contacts and phone numbers.

_____ **Initial**

Illness/Good Health

I understand that I will be notified should my child become ill during the day and that it will be necessary to make arrangements to have my child picked -up promptly after notification. If child is out with an illness the first sick day is chargeable. If my child is exposed to or is in contact with a contagious disease or illness, I agree to notify the center's Director. I understand that I will be notified of communicable diseases in accordance to Health Department regulations. If I have authorized in the required format, a designated Creative Center employee will administer properly labeled prescription medication to my child. Over-the-counter medication will only be administered with written documentation from my child's physician. (WE WILL NOT ACCEPT MEDICATION THAT NEEDS REFRIGERATION)

_____ **Initial**

Food

We provide healthy snacks and nutritious lunches.
(Lunches not included during summer months.)

_____ **Initial**

Field Trips

Supervised field trips may be scheduled to local points of interest. I understand that I must complete and sign a permission slip for each field trip I wish for my child to participate in.

_____ **Initial**

Licensing Requirements

The Arizona Department of Health Services-Office of Childcare Licensor licenses Creative Center; DHS is located at 150 N. 18th Ave. Ste. 400, Phoenix, Az. 85007. The public case records pertaining to Creative Center are available for viewing upon request.

I have read and understand and will comply with the policies included in Creative Center Admissions Agreement and Parent Guide.

Parent or Guardian

Date