

## Enrollment Agreement

### **WELCOME**

The staff at Pepper Valley Learning Center welcomes you! We have prepared this enrollment agreement to familiarize you with our center and its policies. Please sign and date the last page confirming that you have read and understand the enrollment agreement. If you should have any questions or concerns please discuss them with the office management.

### **GENERAL POLICIES**

#### **HOURS & HOLIDAYS**

Our center hours are 6:00 am to 6:00 pm, Monday – Friday; with the exception of the following nine holidays:

\*President's Day \*Memorial Day \*Independence Day \*Labor Day \*Thanksgiving & the day after\*  
\*Christmas Eve & Christmas Day \*New Year's Day\*

When New Year's Day, Independence Day, or Christmas Eve/Day fall on a Saturday our center will be closed Friday. When any of these fall on a Sunday our center will be closed Monday. On New Year's Eve, our center will close at 4:00 pm. NOTE: Full tuition is charged for the weeks in which either a holiday or absence occurs. **Any changes will be posted 30 days prior to closure date.**

#### **SIGNING IN & OUT**

A parent or responsible party must bring their child into the center everyday & pick them up. As a requirement of the Department of Social Services, your child must be signed in & out with the time and a FULL SIGNATURE every day. If you wish to authorize someone other than persons listed on your enrollment forms; Please notify us in writing beforehand.

#### **NUTRITION & REST PERIODS**

Our center provides nutritional snacks and lunches daily. We serve a morning snack by 9:30am. A well-balanced lunch for those enrolled in our middle day & full day programs is served by 11:30am. Afternoon snack is served after rest time by 2:30pm. Rest time is 12:00pm – 2:00pm for all preschool children. A crib size sheet and blanket is required for each child. All nap items are sent home to be laundered and returned to the center weekly.

#### **BIRTHDAY'S & CELEBRATIONS**

We love celebrating your child's special day at school. All parties and celebrations take place during morning snack time at 9:30. Please check with your child's teacher or the office for classroom allergies. Stop by the office for a copy of our Party Guidelines.

#### **VISITING**

Parent's interest and involvement is essential to the success of our educational program. You are welcome to visit our center at any time and meet with your child's teacher as needed. Please consult with the director to arrange a meeting. We do ask that visits be limited to 30 minutes.

#### **TOYS**

Toys from home are not easily shared and often get broken and /or lost. Please leave personal toys and items at home or in the car. Pepper Valley cannot assume responsibility for loss or damage to personal possessions brought into the center.

## **FIELD TRIPS**

Field trips are for our private kindergarten & school age children. Field trips are planned in advance and require a signed permission slip and an emergency consent form. Our preschool children may take a nature walk around the property as part of the curriculum from time to time.

## **PHOTOGRAPHS**

Photographs of children participating in our programs may be taken from time to time. Teachers use photographs for art projects and pictures may be displayed in the classroom during special events. Please help us protect the safety and identity of the children in our care by using good judgment and discretion online. Please refrain from posting images of children (other than your own), on social media sites without expressed consent from parent/guardian. This includes classroom activities, parties, & field trips.

## **HEALTH & SAFETY**

### **MEDICAL**

The State of California requires us to maintain a medical record for each child in. Each child must have up to date immunizations and a physician's report completed by his/her doctor for admittance to Pepper Valley Learning Center.

For the protection of all children and staff, please keep your child home if the following symptoms are present:

- A temperature over 99 degrees
- Intestinal disturbance accompanied by diarrhea or vomiting
- Any undiagnosed rash
- Profuse eye/nasal discharge

If your child has exhibited any of the symptoms above you must keep your child at home for a minimum of 24 hours. Your child may return when symptom free for 24 hours without the aid of medication. If your child exhibits these symptoms at the center we will contact you immediately. You must pick your child up within 1 hour of notification. We regret any inconvenience these policies may cause but it helps us keep all of the children and staff healthy.

### **IMS (INCIDENTAL MEDICAL SERVICES)**

Pepper Valley Learning Center will provide the following IMS services, our full policy is available in the office.

- Epi-Pen & Epi-Pen Jr.
- Nebulizer/Inhaled Medication
- Prescription Medication
- Over the Counter Medication (diaper cream/topical ointment included)

### **DISCIPLINE**

Our staff models expected behavior and uses positive methods of discipline which encourages self-control, self-direction, self-esteem, and cooperation among the children. Staff members shall never use physically or mentally abusive forms of discipline. No child shall be confined in an enclosed area, deprived of meals or snacks, deprived of rest or necessary toilet functions as a form of punishment. You are always welcome to contact the director or your child's teacher to discuss your child's behavior. If at any time we think your child is becoming or has become a threat to the safety and well-being of other children or staff, we will ask that he/she be removed from our center. Advance notice will not be given.

### **DEPARTMENT OF SOCIAL SERVICES**

I understand that the state child care 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 of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

## **FINANCIAL POLICIES**

### **FINANCIAL AGREEMENT**

Tuition is billed weekly on Monday and payment is due by Tuesday or the first day of attendance for the week. A \$10.00 late fee may be charged if payment has not been received by Tuesday at 6:00pm. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. All NSF checks will be charged a \$30.00 NSF check fee. Repeated instances of NSF will require tuition payments in cash or money order. Nonpayment of tuition by Friday may result in dismissal from our program.

### **PAYMENT OPTIONS**

Our office is a fully approved and accredited user of SmartCare Program which enables you to use your credit card or bank account to automatically pay your tuition expenses. You may choose the payment schedule that best suits your budget. All payments are for the current week or are set to pay in advance. Schedule can vary weekly, bi-weekly or monthly. Payments are applied on Wednesday morning.

Pepper Valley Learning Center offers the following payment options:

- Payment by cash (receipt provided)
- Payment by check
- Payment by credit or debit card
- Automated billing with SmartCare

This program is automated billing assigned to a credit card, debit card or bank account.

Withdrawals are processed on Wednesdays or Fridays; weekly, bi-weekly and monthly options available

- Payment by assigned agency; YMCA, CDA, PCG (must be approved) Parent/Guardian is responsible for family fees assigned by agency.
- Dual family billing

\*Dual Family; when the account is split between two households. Individuals are responsible for maintaining accounts at a zero balance. An unpaid balance jeopardizes your child's placement with the center. Both accounts must remain current. We extend this as a courtesy when necessary to maintain a healthy family connection. All parties agree and are responsible for full payment on both accounts.

If none of the above apply, please see the office. Payment arrangements are requested at the time of your initial enrollment. Please make your selection on page 5 and return to the office by the first day of attendance.

### **YEAR END**

If your account is not paid in full by noon on the last day of the year, or the last day we are open for the year, a \$50.00 service charge will be added to your account.

### **REGISTRATION**

A registration fee of \$75.00 is due on or before your child's first day. An annual registration fee of \$50.00 is billed to your account during your anniversary month.

### **TUITION CREDITS**

Two weeks of tuition credit, equivalent to your child's schedule will be given each year. Tuition credit is renewed annually on your enrollment anniversary. Credit's may be used for holidays, sick days, or vacation time, and can be used as single day credits or as a full week. **Tuition credits must be requested with the office and are not automatically applied.**

### **LATE PICK UP FEE**

Our center closes promptly at 6:00pm Monday-Friday. A late fee of \$20.00 will be charged at 6:01pm, an additional \$1.00 per minute will be added after 6:01pm. The proper authorities will be notified for children not picked up by 6:45pm.

## **FINANCIAL POLICIES CONT.**

### **ADDITIONAL TUITION**

For school age children, when public schools are not in session your child may attend the center. Our full day rate will be charged. This includes winter break, spring break and summer.

### **SUMMER ACTIVITY FEE**

The summer activity fee is charged for school age children attending the center during the summer while school is on summer break. This fee covers all field trips, in house activities and transportation fees.

### **PRIVATE KINDERGARTEN**

Our private kindergarten requires additional registration and book fees. This is billed over three installments; \$200 at the time of registration, \$100 in September and \$100 in January. This fee covers all books, supplies and field trips.

### **NOTICE OF RATE/POLICY CHANGE**

The center will notify all enrolled families of any changes in tuition or policies, at least 30 days in advance.

### **WITHDRAWAL OR TERMINATION**

We reserve the right to discontinue care if your child interferes with our mission of providing a nurturing and safe environment.

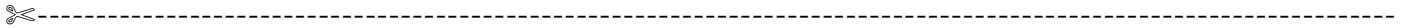
### **ARBITRATION CLAUSE**

I agree that any controversy or claim arising out of or in any way relating to this contract or to my child's enrollment, attendance, or care at Pepper Valley Learning Center will be determined by submission to arbitration in accordance with the rules of the American Arbitration Association, and not by lawsuit or by resort of court process (except as applicable law provides for judicial review of arbitration proceedings). This agreement includes claims against Pepper Valley Learning Center or any of its staff or owners that there has been any wrongful act or omission by Pepper Valley Learning Center or a member of its staff or owners, intentional or otherwise. The decision of the arbitrators may be entered in any court having jurisdiction of such matters. By signing this agreement, I am agreeing to have any issue or claim arising out of this contract or out of my child's enrollment, attendance, or care at Pepper Valley Learning Center by a neutral arbitration and not by lawsuit or resort to court process.

I have read the attached Pepper Valley Learning Center enrollment agreement. I accept the conditions stated therein. I have retained pages 1-4 of the enrollment agreement for my records.

		Payment Option Selected	
		___ Cash ___ Check ___ Card (POS)	
		___ SmartCare w/credit card	
		___ SmartCare w/bank account (ACH)	
		___ Agency Payment ___ Dual Family Billing	
_____		_____	_____
Child's Name	Date	Parent/Guardian Signature	Date

Parent Copy



I have read the attached Pepper Valley Learning Center enrollment agreement. I accept the conditions stated therein. I have retained pages 1-4 of the enrollment agreement for my records.

		Payment Option Selected	
		___ Cash ___ Check ___ Card (POS)	
		___ SmartCare w/credit card	
		___ SmartCare w/bank account (ACH)	
		___ Agency Payment ___ Dual Family Billing	
_____		_____	_____
Child's Name	Date	Parent/Guardian Signature	Date

Center Copy