

Enrollment Agreement

Office Use Only:

Classroom Name _____



St. Paul UMC Child Development
Center
2601 Colston Drive
Chevy Chase, MD 20815

Infants/Toddlers & Preschool Registration Form

Child's First Name: _____ Last Name: _____

Date of birth: _____

Returning St. Paul Family? ___ Yes ___ NO If No, How did you hear about us _____?

Billing Information

Parent/ _____	Parent _____
Guardian First Name Last Name	Guardian First Name Last Name

Email: _____ Email _____

Cell Phone _____ Cell Phone: _____

Address: _____ Address: _____

Employer: _____ Employer _____

Emp. Address: _____ Emp. Address: _____

Work Phone: _____ Work Phone: _____

Parent/ _____	Parent/ _____
Guardian Signature	Guardian Signature

Date: _____ Date: _____

Are you currently a fulltime St. Paul UMC/CDC employee who works 25 hours or more a week? ___ No ___ Yes

Enrollment and Financial Agreement--Confidential

St. Paul UMC.CDC Infants/Toddlers & Pre-School Terms and Conditions

Tuition Fee/s: _____

I agree to pay the fees and monthly tuition for enrollment beginning on _____ *(Stare Date)*

Monthly Tuition: _____ *(All payments are due by the 5th of the month)*

Registration Fee: \$ _____ Paid on: _____

My child will be attending: Monday Tuesday Wednesday Thursday Friday

Circle all that apply

****All Payments are due by the 5th of each month***

1. The undersigned Parent(s)/Guardian(s) must provide a deposit equal to one month's tuition in the amount of \$ _____, upon signing this agreement. Monthly payments are due by the 5th of each month. A late charge of \$35.00 will be added if fees are not paid by the 5th. Tuition payments may be made by check or money order. Discounts are available for families with multiple enrollments; see the Center Director for details.
2. Services begin on the enrollment date noted in this agreement and continue until St. Paul UMC/CDC is provided one month's written notice of intent to terminate child care. St Paul UMC/CDC will not refund or prorate tuition fees due to illness, vacations, holidays, emergency closings, voluntary absences or other cancellations. In the event that the parent (s)/guardian (s) must change their child's schedule, the parent/guardian must provide one month's written notice to the center director of the change and must execute an amended Enrollment and Financial Agreement reflecting the change in schedule and tuition.
3. A \$35.00 fee will be charged to parents/guardians for any dishonored check written to St. Paul UMC/CDC. If a second check is returned to St. Paul UMC/CDC unpaid, the parent (s)/guardian (s) may be required to pay all future bills by money order or bank check.
4. St Paul UM/CDC reserves the right to suspend care if the tuition bill is not paid in full. A suspended child is not permitted to attend St. Paul UMC/CDC. St. Paul UMC/CDC also reserves the right to permanently prohibit the suspended child's future attendance. In the event of a suspension, parent(s)/guardian (s) remain responsible for the balance of any overdue and unpaid tuition. St. Paul UMC/CDC is not responsible for any costs, child care expenses, loss of income, or any other loss incurred by the Parents/Guardians as a result of the child's suspension.
5. Any parent (s) /guardian (s) wishing to withdraw their child from St. Paul UMC/CDC must provide written notice of withdrawal at least 30 days prior to the withdrawal date. This written notice must be provided to the center director. Parents/Guardians are responsible for payment of a 30 day notice Withdrawal period, regardless of whether the parent (s) chooses to withdraw the child upon fewer than 30 day's notice.

6. St Paul UMC/CDC reserves the right to close enrollment for full classrooms and cancel under-enrolled sessions or programs. Enrollment is extended on a space-available basis, St. Paul UMC/CDC management's sole discretion. This Enrollment and Financial Agreement is not contingent upon any particular program, curriculum, employee or employment level, and St. Paul UMC/CDC retains the right to change its rates and fees, programs, curriculum or workforce at any time at its sole discretion. St Paul UMC/CDC will provide at least 30 days' notice in the event of such changes.
7. Part-time enrollment is an option in a few classrooms, however, only when space is available as determined in the sole discretion of St. Paul UMC/CDC. St Paul UMC/CDC may require, upon 30 days notice, that Parents/Guardians of a part-time child convert their child to full-time enrollment or withdraw the child from the program.
8. Parents (s)/ Guardian (s) give St Paul UMC/CDC staff to take and use any photographs, audio, and video recordings of them or their child for proposes of print or digital advertisement, audio and/or visual presentations, marketing materials and publishing on the St Paul UMC/CDC website, stpaulscdedu.org
9. A copy of the Department of Education Code of MD. Reg. 07.04.02 Child Care Center Licensing Manual is available on site.
10. A copy of the DHR/CCA publication, *A Parent's Guide to Regulated Child Care* is available on site.
11. By executing this Enrollment and Financial Agreement, the undersigned agree(s) to abide by the rules and regulations, as may be adopted or amended from time to time by St. Paul UMC/CDC. I (we) herby enroll my child: _____ in St. Paul United Methodist Church Child Development Center, and agree to abide by the terms above, in addition I agree to read the Parent Handbook and agree to comply with ALL Policies and Regulations.
12. This agreement represents the full and complete agreement between St. Paul UMC/CDC and the parent(s)/legal guardian(s) and any others responsible for payment of tuition costs and fees. This agreement supersedes all previous negotiations, agreements, terms, conditions, statements or representations, whether written or oral. This contract and any other disputes shall be interpreted and resolved according to the laws in the state of Maryland. **The parties agree to waive their right to a trial by jury in any action related to or arising out of this Agreement.**

Agreed and Accepted

Parent/Guardian Signature: _____ **Date:** _____

Parent Guardian Signature: _____ **Date** _____

Directors Signature: _____ **Date:** _____