



## Enrollment Agreement

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agreement Date: \_\_\_\_\_ Start Date \_\_\_\_\_

Parent/Guardian's e(s): \_\_\_\_\_

Email: \_\_\_\_\_

### Days and times my child will be in care at Neighbors for Kids:

Days FD- Full day HD-Half Day	Monday FD/HD	Tuesday FD/HD	Wednesday FD/HD	Thursday FD/HD	Friday FD/HD
Arrival Time					
Departure Time					

### Important information to take note of when scheduling arrival times:

\*AM Snack is available from 8:30am - 9am

\*Lunch is served at 12:00pm

\*Supper is served at 3:30pm

\*Quiet time is 1pm-2:30pm

**If you wish for your child to participate in certain meal times please ensure child is here shortly before meal time so they can sit with the group this helps ensure smooth transitions into next activities with out disrupting other students. We also ask where possible that half day pick ups are done before quiet time to avoid disturbing resting children.**

# Tuition and Payment

## Tuition Rates

\$40 for full day - \$25 for half day

(A Full day is defined as more than 5 hours. Half day is defined as less than 5 hours.)

A 10% discount is available for full paying families who prepay, set up recurring payments or schedule invoiced billing. This discount is not available to those who receive scholarships.

## Billing and Payment Information:

Person(s) responsible for bill: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ phone: \_\_\_\_\_

## Recurring payments or invoicing set up

- I DO NOT want to set up recurring payments or Scheduled Invoicing
- I DO want to set up: (please mark one)
  - recurring payments

I would like to set up a recurring payment of \$ \_\_\_\_\_, weekly, bi-weekly, monthly (Please circle one)

scheduled invoicing

I would like an invoice to be emailed to \_\_\_\_\_,  
weekly, bi-weekly, monthly (please circle one)

If you circled weekly or bi weekly please state here the first day you would like to that to start  
\_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

If you circled monthly please state here what day of the month here \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

## Acknowledgment

I/we \_\_\_\_\_, as the person(s) stated above, agree that I/we I am responsible for tuition fees, as listed above. I understand and agree to the options stated and chosen. I agree to communicate any changes in a timely manner.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_ relationship: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_ relationship: \_\_\_\_\_



## Schedule Agreement

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agreement Date: \_\_\_\_\_ Start Date \_\_\_\_\_ Classroom \_\_\_\_\_

Parent/Guardian's e(s): \_\_\_\_\_

Parent(s) agree to the following: (Please initial each item)

1. All families will be enrolled on a trial period. The trial period of 1 month is to determine the right placement for your child. During this trial period either party (parent or provider) has the right to terminate care without notice. Your trial period will end on \_\_\_\_\_. Please make a note of this day. After the trial period, termination notice must be given. The parent will be responsible for payment for days the child attended during the trial period.
2. Parents agree to give LKZP a 2 week's written notice prior to schedule changes or termination of services using the Change Request Form. \_\_
3. Any requested changes after signing this agreement must be made by using the change request form and must be signed by the parents and approved by the Front Desk. \_\_\_\_
4. Failure to meet your tuition and financial agreement obligations will result in the termination of enrollment as provided for in the financial agreement. \_\_\_\_\_
5. LKZP agrees to give a minimum of 15 days notice prior to any changes in hours of operation. Exception is extreme weather, in this case you will given as much notice as possible \_\_\_\_\_
6. LKZP may terminate enrollment by giving a one week notice. \_\_\_\_\_
7. Immediate termination of enrollment can occur in cases where the safety of other children or staff is a concern or child's behavior results in continuous and severe disruption of the program. \_\_\_\_\_
8. LKZP is closed for the following Holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day after Thanksgiving, Closed for the last week of Summer Break & Closed for second week of Christmas Break \_\_\_\_\_

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I, (parent(s) name) \_\_\_\_\_ have read, understand, and agree to comply with Neighbors for kids, Little Kids Zone Preschool Schedule Agreement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_