

## **CAPITOL KIDS DEVELOPMENT CENTER LLC Enrollment Form** **(Continued)**

I agree/understand the statements made below (**please initial by each statement**):

- I have received a copy of Capitol Kids Development Center's Family Handbook pertaining to admission, care and discharge of children. I have read and understand the policies as set forth by CKDC as it appears in the Family Handbook.
- I have signed the Family Handbook
- I understand that tuition is due according to the agreed payment schedule.
- I agree to pay a \$25 monthly late fee when tuition is two weeks late.
- I have completed all requested information on the enrollment form.
- When my child is ill, I understand they will not be accepted in care.
- To enroll, I will pay the deposit and the first 2 weeks of tuition.
- I understand & agree to give Capitol Kids Development Center 30 days notice when leaving. If I do not give 30 days notice, I understand that I will have to pay 4 weeks tuition.
- To enroll, I will give the CKDC director my child(ren)'s current immunization record & will give the director an updated immunization record each time my child(ren) has a doctor's appointment for immunizations.

**Photo Permission:** I **DO** or **DO NOT (circle one)** allow Capitol Kids Development Center to take pictures of my child at CKDC. All photos are property of CKDC. Photos may be used in monthly newsletters, projects, advertising or on social media.

**Sunscreen Permission:** I **DO** or **DO NOT (circle one)** allow Capitol Kids Development Center to apply sunscreen once a day from Memorial Day through Labor Day. CKDC provides *Bright Guard* for free. Compliments of Miles Against Melanoma. DESE considers sunscreen medication and requires a parent's signature to apply. Sign here if Bright Guard sunscreen is approved for your child. Please sign first line the first year. We will update yearly for the next signatures.

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

**Transportation permission:** I **DO** or **DO NOT** (circle one) allow Capitol Kids Development Center to transport my child/ren) for field trips or any other extracurricular activities

Sign: \_\_\_\_\_

**DSS Assistance / Foster Placement Agreements:**

\_\_\_\_\_ When a family receives DSS assistance, co-pay tuition is due prior to DSS sliding scale fee. Tuition paid will be applied to co-pay before sliding scale.

\_\_\_\_\_ If foster child, I will provide CKDC with a copy of the DSS placement/guardianship placement papers to meet the CACFP guidelines.

**Payment Schedule:**

I agree to **Weekly / Bi-weekly / Monthly** payments (circle one)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Which parent is the primary account holder? \_\_\_\_\_

If payment is split between more than one parent/guardian, explain tuition payment responsibility here:

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Date of all Signatures and Initials: \_\_\_\_\_