

## Covenant Children's Center Admissions Agreement/Contract

Child's Last Name	First	Middle	Sex	Birth date	Birthplace
Home Address	City	Zip	Phone	Parent's Daytime Phone(s) #s	
Child's Doctor & Phone	Dentist & Phone	Med. Ins. (Name & Number)		Dental Ins. (Name & Number)	

I hereby contract with Covenant Children's Center for \_\_\_\_\_ hours (average) per day/week in the Infant Toddler Preschool Extended Day (circle one) program. My child will attend from \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ per week. Morning/afternoon snacks will be provided, plus a lunch beverage. Neither lunch nor baby's diapers are included. I agree to pay \$\_\_\_\_\_ per month for these services, due by the 1<sup>st</sup> of the month and late by the 5<sup>th</sup> of the month. I understand that at the time of admission, a yearly non-refundable registration fee of \$50, a \$100 deposit (to be refunded when leaving the Center, after two conditions have been met – my child has been enrolled for 7 months and the transponders are returned), a one time only \$30 Earthquake/Disaster fee and first month's tuition at minimum rate is due. First month's tuition will be prorated from the start date determined by Covenant Children's Center. Payer will be: Parent or Legal Rep.

Modifications to the above agreement may only occur as follows: Covenant Children's Center may not change basic charges without at least 30 calendar days prior written notice to the parent or legal representative. Changes in the child's schedule require written advance notice from parent or representative and are subject to office approval. A one-month written notice is required for withdrawal from the Center; otherwise tuition will be charged for a full month.

The Department of Social Services licensing agency has the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The Department or licensing agency also has the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

This agreement may be terminated only by a basic rate change, schedule change, withdrawal or expulsion from the Center (expulsion resulting from chronic misbehavior by child or physical or verbal harassment by the parent). Such modifications shall be dated and signed by the parent or representative and by the Center Director.

---

### Acceptance of Admissions Agreement/Contract and Medical Release

As the parents, agency representative or legal guardian, I hereby give consent to Covenant Children's Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child, \_\_\_\_\_, care to be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. (It is understood that an exhaustive effort will be made to contact parent or guardian before treatment is authorized by the Center, and that the parent/guardian is financially responsible for any care).

I have received and read Covenant Children's Center's Admission Agreement and Statement of Policies, and upon the admission of my child, I agree to observe the Center's policies and its procedures stated therein.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_