**BLESSED BEGINNINGS ENROLLMENT AGREEMENT
PLEASE INITIAL ALL LINES BELOW:**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Schedule: \_\_: \_\_\_AM to \_\_:\_\_\_PM M T W TH F Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Schedule: \_\_: \_\_\_AM to \_\_:\_\_\_PM M T W TH F Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Schedule: \_\_: \_\_\_AM to \_\_:\_\_\_PM M T W TH F Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Schedule: \_\_: \_\_\_AM to \_\_:\_\_\_PM M T W TH F Start Date: \_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_ **I understand my child must be in attendance no later than 10 a.m. each day. If my child will be late due to an appointment, a doctor’s note will be required for any drop off after 10 a.m. I will notify the staff the day prior, or via the Brightwheel App in the A.M. of a late drop off. If your child is sent home on a 24-hour exclusion, the 10am drop off policy still applies.**

\_\_\_\_\_ I understand the center uses an App called Brightwheel to communicate all information, billing, schedules, and important notices. I agree to communicate and check daily to messages sent through the app and keep all information up to date pertaining to my child’s enrollment.

\_\_\_\_\_ I understand and have thoroughly read the Family Handbook found on the Blessed Beginnings website, and I agree with the following policies regarding my child’s enrollment in the center. I understand if I would like a PDF or paper copy, I can request it or refer to the copies in each classroom by the parent board.

\_\_\_\_\_ I have received notice of where to find Blessed Beginnings policies pertaining to the admission, care, and discharge of children.

\_\_\_\_\_ I have been informed that a copy of the OCDEL regulations pertaining to Child Care is available to review.

\_\_\_\_\_ I understand that prior to my child’s first day of attendance **I must complete the enrollment packet for them to be accepted into care, pay the nonrefundable registration fee, first week’s tuition and provide a Health report and shot records valid within the last six months prior to my child’s first day of care.**

\_\_\_\_\_ I understand two weeks’ notice is required if my child is going to leave the center permanently. **If proper notice is not given, I will be charged for one week beyond my child’s last day of attendance.**

\_\_\_\_\_ There will be a service charge of $35.00 on all returned checks or failed credit card payments via Brightwheel App. After 2 returned checks or failed payment on Brightwheel, a cash payment or money order will be required.

\_\_\_\_\_ The center is not responsible for lost or damaged items of clothing or toys. I understand my child will go out daily, weather permitting. I will dress my child accordingly and provide a change of clothes. The center goes outside between 25-90 degrees, per state regulations.

\_\_\_\_\_ I am responsible to update the emergency contact/consent form whenever changes occur or every 6 months, **as well as obtaining their yearly physical and shot records. Failure to maintain these records may result in a suspension, or termination, of services until documents are received.**

\_\_\_\_\_ My child will be provided with quality care, breakfast, lunch, and pm snack daily, when they are in attendance.

\_\_\_\_\_ If my child needs to be transported to school, I will sign and update the necessary transportation and emergency information as required.

\_\_\_\_\_ I acknowledge that I am responsible to provide a change of clothing, diapers/pull-ups, and a crib sized bed sheet & blanket if my child naps.

\_\_\_\_\_ South Williamsport hours of operation are 6:30a-5:30p M-F. School age children are to be in attendance by 8am daily for transportation(7:30 if Schick student). Loyalsock Pre-K Counts hours of operation for the school year are 6:30a-5:30p.

\_\_\_\_\_ I acknowledge that Blessed Beginnings has a behavior policy and that I may be required to pick-up my child early or find alternate care if they are not abiding by the behavior policy.

\_\_\_\_\_ When my child is ill, I understand and agree that he/she will not be accepted for care or remain in care. If child is ill or sent home, we have a minimum of twenty-four-hour exclusion policy, you will be provided a form with the earliest return date/time for your child.

**Protection of your child** \*\*\*If yes, please provide a copy of the document relating to such issues – if there is no document on file, we are not required to follow it. \*\*\*

Is there anyone prohibited, or limited in, having contact with or access to your child (court order, etc.) **\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_\_\_\_ PARENT INITIALS**

**Photograph/Media Release**

I give permission for Blessed Beginning’s to photograph my child for media and social media use. I understand my child will be photographed and pictures may be uploaded to your Brightwheel account. **\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_\_\_\_ PARENT INITIALS**

**Sunscreen Application**

I give permission for Blessed Beginnings to apply sunscreen to my child while in care, or I acknowledge I can bring my own labeled sunscreen to be applied.

 **\_\_\_\_\_ YES \_\_\_\_\_ NO, I WILL PROVIDE MY OWN. \_\_\_\_\_\_\_\_ PARENT INITIALS**

**Permission to Administer Fever Reducers**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, give BB Child Care LLC permission to administer an age-appropriate dosage of fever reducer to my child. I understand you will still send a message via the App or call for the correct dosage to administer to my child.**

\_\_\_\_\_ **I understand Blessed Beginnings will only administer fever reducers once per day to my child.**

**I UNDERSTAND PARENT/GUARDIAN(S) ARE REQUIRED TO SIGN OFF ON ALL THE ABOVE ITEMS IN ORDER FOR THEIR CHILD(REN) TO BE ENROLLED AT BLESSED BEGINNINGS PRECHOOL AND CHILD CARE LLC. FAILURE TO CONSENT TO ANY OF THE ABOVE ITEMS WILL RESULT IN TERMINATION OF SERVICES. PLEASE READ THOROUGHLY, COMPLETE & SIGN BOTH SIDES.**

**FINANCIAL AGREEMENT**

**Effective April 1st, 2022, March 31st, 2023, and thereafter, Rates may be subject to change based on unforeseen circumstances related but not limited to a state emergency or pandemic, etc. All fees are non-refundable. Additional fees may be applied for special events or outings.**

**Registration Fee/Holding Fee/Suspension of Care First Month Each Additional Month**

**Registration Fee Per Family $60.00 $20.00**

**Holding Fee Per Family (Min. 4 weeks absent) $150.00 $20.00 (holding fee per mont, including wait list)**

**\*If you need to suspend care, it must be a minimum of 4 weeks absent in order to apply a holding fee of $150.00 for the first month, and $20.00 additional dollars for each month thereafter. If we suspend care for lack of updated paperwork or past due tuition, you will be charged a holding fee of $60.00 as outlined above.**

**Sibling Discount**

A 15% sibling discount will be applied to the oldest child when two children are enrolled from a family. A 10% sibling discount for additional older siblings will be applied when more than two children from a family enroll. **We are not permitted to discount subsidized co-payments.**

**Infant/Toddler Pricing Full-Time (4-5 days per week) Part-time (1-3 days per week)**

Infant Age 6 weeks to Young Toddlers 1 year old $240.00 $165.00

1-year Toddler to 2-year Toddler $225.00 $165.00

CCIS Upcharge $25 $20

**Preschool Pricing Full-Time (4-5 days per week) Part-time (1-3 days per week)**

Preschool 3-5 years old $190.00 $145.00

Pre-K Counts Before and After Care $115 $85

CCIS Upcharge $20 $15

**School-age School Year Pricing Full-Time (4-5 days per week) Part-time (1-3 days per week)**

School-age up to 11 years old $135.00 $100.00

CCIS Upcharge $0$0

**PreK Counts Before & After Care Pricing** **Full-Time (4-5 days per week)** **Part-time (1-3 days per week**

School-age up to 11 years old $135.00 $100.00

CCIS Upcharge $0 $0

**Field Trip Fees (Parent Please Initial)**

\_\_\_\_\_ **I acknowledge that I am responsible for extra services such as field trips that may be scheduled throughout the calendar year for my child.**

**Late Pick-Up Fees (Parent Please Initial) First 15 Minutes Each Additional Five Minutes after 5:46 p.m.**

**Late Pick-Up Fee From 5:31 p.m. and on. $25.00 $5.00**

\_\_\_\_\_ **I acknowledge late pick up’s result in the following: A late pick-up fee that must be paid the following day. A warning will be given for the first offense, following a three-day suspension after, and finally termination after third offense, at the discretion of Blessed Beginnings.**

**Vacation Rates (Parent Please Initial)**

\_\_\_\_\_ **Vacation weeks can be taken twice yearly from January to January**, provided this request is turned in, in writing or via Brightwheel, 10 school days in advance of the requested vacation. Payment for **vacation will be ½ week tuition with proper notice and a full weeks’ tuition without notice.**

**Past Due Tuition Payment Fees**\_\_\_\_\_ **A $5% late fee will automatically be added to any past due invoices after 30 days. Delinquent co-pays will be reported to CCIS on Monday.** We do understand extenuating circumstances sometimes arise. If you find yourself in such a situation, an exception may be considered if you speak with the Director and a payment agreement is arranged. **I understand that if I fail to pay all parts of my agreed fees, Blessed Beginnings will take any means necessary to collect this debt.**

**Release Persons ALLOWED to pick up my child/children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number must be provided to add to list!**

**Identification MUST be provided at pickup! \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, have read all and do agree to abide by all the terms, conditions, and procedures of this contract between Blessed Beginnings Preschool and Child Care LLC and myself, for services rendered to my child. Payment is charged on a weekly basis according to the schedule which you establish for your child, tuition fees are not prorated for absent or sick days. Payment for services is due in advance on Friday for the upcoming week. Payments will be accepted using checking account, debit, or credit card via the Brightwheel App. Other forms of payment may be accepted and be taken in the office.**

**If you receive Subsidy, or another funding source such as Children & Youth Services, please provide your Caseworker’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Dates: \_\_\_\_/\_\_\_\_ /\_\_\_\_ to \_\_\_\_/\_\_\_\_ /\_\_\_\_ Total weekly fee is $\_\_\_\_\_\_\_\_\_ (If Applicable: Subsidy Co-pay $ \_\_\_\_\_\_\_)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent(s) Name** **Parent(s) Signature** **Date**

**------------------------------------------------------------------------------------ADMINISTRATORS SIGNATURE ONLY-------------------------------------------------------------------------------------------**

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Administrator/Provider’s Name Administrators/Provider’s Signature Date

**Blessed Beginnings Preschool & Childcare LLC does not discriminate with regard to religion, color, race, gender, age, national or ethnic origin or disability in our admission policies.**