

**PENLEIGH CHILD DEVELOPMENT CENTER**  
**1400 E St.**  
**Sacramento, CA 95814**  
**Tel./Fax # 916-822-5020 or 916-233-9966**

**Admission Agreement**

Welcome to Penleigh Child Development Center (PCDC). The center is open Monday through Friday from 6:30am to 6:00pm. We offer full and part-time care for children between the ages of one week old infant and 12 years old of any race, ethnic origin, or religious beliefs.

The parent or guardian will be interviewed to determine if the Center is a good fit for the child or the family. All children will enter the program on a 2-week trial basis during which time the parents or the school has the right to terminate the program if the program proves to be inappropriate for the child. The center will be closed on all major holidays (Please refer Parent Handbook). In addition to these holidays, it may be necessary to be closed for teacher in-service days, which are subject to change. The school will provide advance notification of these days as they occur.

**Family name:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Last**  
**First**

**Address:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
**Mothers' Work:** \_\_\_\_\_ **Tel:#** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
**Father's Work:** \_\_\_\_\_ **Tel:#** \_\_\_\_\_  
**Driver's License Number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Tuition Fee**

Tuition fees are paid on or before the 1<sup>st</sup> day of each month. And is considered late if not received by the 5<sup>th</sup> of the month. Late payments will incur a \$25.00 late fee. Accounts past due for 30 days are subject to finance charges at a rate of 1.5% per month (18% annually). There will be a \$25.00 service charge and all applicable bank fees on all returned checks. Returned checks will not be resubmitted to the financial institution.

A discount of 10% will be given to families with two or more children enrolled full time after the first child. Tuition is payment for your child's place at the Center and must be paid whether or not your child is in attendance. There are no make-up days or credits for time missed. Rates are assessed on a yearly basis. **The school reserves the right to increase tuition with a 30-day written notice to parents.**

Breakfast is provided for children arriving before 7:30am. Parents or guardians must provide lunch for their children in a lunch sack. Snacks are provided with all schedules.

### **Refund policy**

Tuition fees and registration fees of \$325.00 are not refundable. Should your child withdraw in the summer and re-enroll in the fall, the registration fee will be reassessed upon enrollment. There are no make-up days or credit for time missed. This includes holidays and teacher in-service days.

### **Withdrawal**

If a child is withdrawn from the program, the parents/guardian needs to give the school a 2-week written notice. The child's tuition will then be prorated based on the actual number of weeks the child was in attendance. If written notice is not given, a tuition equivalent to 2 weeks is charged following your child's withdrawal.

### **Reasons for termination/Refusal of Service**

We reserve the right to refuse service if it is determined that the child will not benefit from the program. We also stop providing services if:

1. Parents do not demonstrate cooperation and responsibility for financial obligation (late payments, returned checks, etc.)
2. Parents demonstrate a lack of cooperation with the rules and regulations concerning the program.
3. If it becomes evident after admission to the school that the child's behavior does not come within our ability to deal effectively and such behavior is limiting our services to other children in the program.

### **Notification of changes**

The Director must approve all changes in your child's schedule. Parents must provide at least two weeks written notice for all changes to their children's schedule. Changes will not be permitted for the purpose of avoiding established holidays/ teacher in service days. Holidays are outlined in the Parent Handbook. In addition to these holidays, it may be necessary to be closed for teacher in-service days, which are subject to change. The center will provide advance notification of these days as they occur.

### **Penalties for late pick-up**

The Center closes at 6:00pm. Parents who do not pick up their children by the end of the school day will be assessed a late fee of **\$1.00 per minute**. The late pick-up charge will appear on your tuition statement account. Should your late arrival cause the school staff to require transportation home, it is your responsibility to provide the staff member with transportation. Please note that habitual lateness may result in dismissal.

### **Vacation/Sick Days**

Students that are enrolled in the full days program (6:30-6pm) and attend 5 days a week are eligible for vacation credit. A child must be enrolled continuously for twelve months prior in order to be eligible. Vacation notice must be given in writing at least two weeks in advance. Vacation days must be taken in full week blocks.

### **School Holidays**

The Center is open year-round except for the following major holidays; New Year's Eve, New year's Day, Martin Luther King Junior Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and Christmas Day. In addition to these holidays, the center may have to be closed for Teacher In-Service Training. The Center will provide advance notice to parents when the training will take place.

### **Sign In/Out Procedures**

The school requires that parents/guardians must sign in/out each time they drop off or pick up their child/ren. Times and signatures are required on the sign in log.

**Please note: Initials are not accepted.**

## Security

Children will be released to those persons whose names are listed on the identification form. The School must be given advance written notice of the names of any persons who will pick up your child/ren. Photo identification or drivers license is required of anyone picking up children at any time.

## Immunization History and Physician's Report

Parents must provide proof of up to date immunizations before their children begin school. The Physician's Report must be completed by your child's health care provider and returned to the school within 30 days of the child's start date.

## Emergency Contact Information

At least one of the persons named on the "Identification and Emergency form" must be able to be contacted immediately and able to pick up your child/children within one hour of notification of an emergency. In the event of an accident or a medical emergency, attempts will be made to contact parents first, then the emergency contact persons. If these efforts are unsuccessful, an attempt will be made to reach the child's physician and the physician's advice will be taken. If this or immediate medical attention is required it will be provided at the parents expense. Permission to discuss the child's condition and/or medical history under this circumstance, or for required medical attention, is hereby granted as part of this agreement.

## Rights of the Licensing Agency:

**The Licensing Agency has the right to review files and interview children without prior notification or permission.**

My child will be in your care: Days; \_\_\_\_\_; Time; \_\_\_\_\_

My child will schedule for a whole year: **Yes / No**

**If No**, which months will your child attend? JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

**The undersigned have read and understood the terms and agreement outlined in this Admission Agreement.**

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_