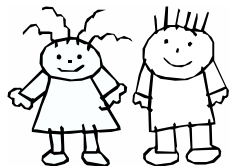


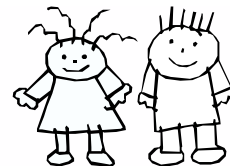


**SCHOOL YEAR 2018-2019
RE-REGISTRATION PACKET
(Current Parents Only)**

All Parents must schedule a 10min meeting with the director to review forms prior to re-enrollment



Themba Creative Early Learning Center



Children's File Checklist

Date _____

Dear _____,

Your child's file is missing the following documentation.

Please return the attached copies by _____

Your child _____
may not return to care after that date if the required documentation is not available.

Documentation Needed	Missing	Update Required
Emergency Contact Card		
Updated Immunizations***		
Re-Enrollment Agreement		
Copy of A Valid Driver's License (Parent or Guardian)		
Receipt of Parent Manual		

Note: Re-Registration fee is \$60 for a single child and **\$30** per child for each additional child

Thank you for your cooperation!

If you have any questions regarding this, please contact me at 301-552-5437.

Director

6715 Cipriano Road, Lanham Maryland 20706 ~ 301-552-5437

Parent/Guardian Acknowledgement Of Receipt of Parent Manual

I have received Themba Creative Learning Center LLC, Parent Manual and I have agreed to read, abide by, and follow the policies set forth therein.

Children Transport to and from evacuation sites in case of emergency:

In case of an emergency, I give Themba permission to transport my child in personal vehicles to and from our designated evacuation site. I therefore acknowledge that I have received and read Themba's Emergency Preparedness Plan.

Yes___ No___

If no, how would you like your child transported?

Additionally, I would like to volunteer by helping with transporting children to the evaluation site during emergencies.

Yes___

No___

If yes, kindly provide us with your best reachable contact number

() - | (type) Cell___ Home___ Work___

Email Address _____

Signature of Parent(s)/Guardian(s)

Print Name

Date

Themba Creative Learning Center LLC. RE-ENROLLMENT AGREEMENT

TO THE PARENT: Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it. This Agreement and its attachments establish your legal rights and responsibilities, and those of **Themba CLC**, regarding your child's participation at **Themba CLC**. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to **Themba CLC** and its staff members. The term "school day" means a day when the Center is open and operating.

By executing this Agreement, You _____, agree to re-enroll
(parents or guardians)
your child, _____ at **THEMBA CLC**, and **THEMBA CLC** agrees to accept your
(name of child)
child's re-enrollment under the terms and conditions as stated below:

1. Program and Hours of Care.

Beginning on _____, 20____, the Center will provide care for your child at **THEMBA CLC** in
the _____, classroom with the following schedule:

_____ Full-time: Weekdays from _____ a.m. until _____ p.m.

_____ Part-time: Only Threes/fours Circled days: Mon. | Tues. | Wed. | Thurs. | Fri.

Note: Children can only be in school for a maximum of 10 hours a day _____ (initial).

There will be an additional \$25 fee per week if the parent needs more than \$10hrs of care or a late fee we be applied if parent goes over contractual agreement as outlined in the late fee policy. _____ initial

Please circle the hours of care needed 7:00-5:00 | 7:30-5:30 | 8:00-6:00 | 8:30-6:30 Other _____
initial _____ director's initial _____

2. Payment.

a. Re registration Fee. A non-refundable Registration Fee of \$60 for a single child and \$30 for each additional child is due and payable on the date your child's re-enrollment Application is returned. Payment of this fee will also place your child on the waiting list if no space is available at the time you apply. Registration is renewed annually by June 1 for September enrollment.

b. Re-enrollment Deposit. Upon executing this Agreement, you have paid an Enrollment Deposit of \$ N/A _____. This Enrollment Deposit will serve as security for the performance of your obligations under this Agreement, including non-payment of tuition, late fees, damage, or other charges. If you terminate this Agreement with at least one month's written notice, your Enrollment Deposit may be credited to your last month's tuition. Themba only credits the last month's tuition. Credits are not transferrable to any other accounts. If you do not give at least one month's written notice of termination of enrollment, or if you fail to begin enrollment within 30-days of agreed upon time, this Enrollment Deposit will be forfeited in full.

c. Tuition. Tuition for your child will be \$ _____ per _____. Weekly tuition is due each Friday before noon. Monthly tuition is due on the first school day of each month. Part-time tuition is due the first day of your child's enrollment schedule (Monday-Wednesday-Friday or Tuesday-Thursday). Weekly tuition is late and is subject to a late fee of \$10.00 per day on Monday at noon. Monthly tuition is late on the second school day of the month at noon and is subject to a late fee of \$10.00 per day until paid.

d. Coupon Credit. You will receive a credit of \$ _____ per _____ for a coupon or special enrollment rate until _____ (date). Prior to that date, your tuition will be \$ _____ per _____. After that date, your tuition will be as stated above. Coupon credit will only be allowed if all tuition payments are made on time.

3. Method of Payment.

All tuition payments are made through our automated payment processing, **Tuition Express (See forms Attached)**. Your payment processing may be setup through credit card or bank draft. No other payment methods are accepted. If any automated payment is returned unpaid, you will owe a service fee of \$35.00 in addition to other amounts due.

4. Late Fees, Suspension, and Termination for Late Payment.

A late fee of \$10.00 per school day will be charged everyday by noon if your week's tuition is not paid by the due date as required in the enrollment agreement. The due date for tuition is **Friday**. Your grace period is **Monday by noon**. If the Center has not received your tuition by the due date for your weekly tuition (or by the fifth calendar day of the month for monthly tuition), the Center may refuse to admit your child to the Center until you pay the amount due. The Center also reserves the right to terminate your child's enrollment for non-payment. You hereby agree that, if **Themba CLC**, has to take collection action to collect unpaid fees, you will be responsible for all accrued late charges until the date collected, and for reasonable collection costs, including attorney's fees. _____ initial

5. Late Pick-Up Penalties.

If your child is picked up after the scheduled closing time of 6:30pm, you will owe a late fee of \$15.00 for up to the first 5 minutes and \$1.00 for each additional minute. These late pick-up penalties must be paid immediately to the office in cash. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment. _____ initial

6. Damage to Center Property.

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, normal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

7. Changes in Tuition.

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30) days notice of such change.

Parent's Signature _____

8. Absences

You are responsible for paying full tuition for your child until you terminate the enrollment, even if your child is absent due to illness, vacation, or other causes. You agree to notify the Center in writing at least one month in advance if your child will not attend due to vacation or other plans. _____initial

9. Readmission After Illness.

State licensing regulations require that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours without any fever reducing medications. You hereby agree to abide by this requirement and agree that the decision of the Center's Director shall govern such a readmission. _____Initial

Some communicable diseases may cause for a longer time period for the child to be absent in order to protect the health of the staff and children. The center will dictate the time frame the child must stay home regardless of the doctor's timeline. _____Initial

Medication: Themba does not apply any sunscreen, eye drops or bug repellent to children with or without a doctor's note. Only parent(s) may apply when such is needed. _____Initial

10. Holidays and Other Closings.

The Center will be closed on the following holidays: New Year's Day, Martin Luther King, Jr.'s Birthday, Columbus Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the day after, Christmas Eve and Christmas Day. If any holiday falls on a Saturday or Sunday, **Themba** may be closed on the following Monday. **Themba** is also closed 2-3 days per year for staff professional development. Tuition is due in full for these days. _____initial

** Themba is not a religious school; therefore Themba doesn't single out any one religious holiday to celebrate in our classrooms in order to show respect for other religious holidays that may be celebrated by our families. _____initial

11. Inclement/Emergency Closings

Sometimes Themba must close because of emergencies or inclement weather. When you are not sure about the closing of the center, please call the office by 5:30am or check our website, www.thembacdc.com for updates. Themba will also send out an alert by email and or text. Tuition fees are still due during emergency and/or inclement weather closings. Refunds or credits will not be given.

12. Suspension.

In the judgment of the Center Director, or designate, if the child's behavior threatens the physical or mental health of other children or of the staff of the Center, the Center Director or designate will call the parent(s) or guardian(s) to remove the child for the rest of the day. **THEMBA** requires that the child be picked-up within the hour of being notified. Parent or guardian shall continue to be responsible for the daily tuition for that day.

13. Withdrawal by Parent.

You must give the Center Director at least one month's notice in writing if you wish to withdraw your child from the Center. If you give such notice and if an enrollment deposit was received during enrollment, you may use your such Deposit as a credit against your last month's tuition. If you do not give such notice, and a deposit was not received at enrollment, you will still be responsible for your entire last 30-days tuition.. If you do not give such notice, your entire Enrollment Deposit and any prepaid tuition will be forfeited. _____initial

14. Termination by Center.

a. Immediate. The Center may terminate your child's enrollment in the Center, effective immediately, if any of the following conditions arise:

(1) In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or of the staff of the Center;

(2) **Tuition is not paid on or before the fifth calendar day of the month if tuition is paid monthly, or by Wednesday at noon if tuition is paid weekly;**

(3) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in a one-month period.

(4) The child is ill when brought to the Center more than three (3) times within any thirty (30)-day period, or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) monthperiod.

If enrollment is terminated because of any of the above conditions, the Enrollment Deposit will not be refunded, and may not be used as a credit against unpaid tuition, and any prepaid tuition will be forfeited. _____initial

b. Two Weeks' Notice. The Center may terminate your child's enrollment upon two (2) weeks' notice to you if any of the following conditions arise:

(1) Any of the conditions listed in (a) above has occurred, and the Center has not exercised its right to terminate enrollment immediately;

(2) In the judgment of the Center Director, the Center's program does not meet the developmental or special needs of your child. Also, if it appears that the child may need a smaller classroom size that can accommodate daily one on one care_____ initial

(3) The parents fail to provide necessary items, such as cot sheets, blankets, changes of clothes, etc. as described in the Parent Handbook.

(4) You fail to abide by the terms of this Agreement._____initial

If your enrollment is terminated under this section (b) for reasons other than non-payment of tuition, you will be allowed to use your Enrollment Deposit as a credit toward your tuition. If your enrollment is terminated for non-payment of tuition, your entire Enrollment Deposit and any prepaid tuition will be forfeited.

15. Additional POLICIES!!!

No Cell Phone Zone For All

Themba is a no cell phone zone, Parents please refrain from using your cell phone at Themba during pick up and drop off. Teachers have very limited times to communicate with you, so please be available to chat with them at these times._____Initial

Fraternizing Policy

Staff is not allowed to create personal relationships with parents outside of Themba's business hours. If a staff member does decide to fraternize with any parent that is currently enrolled at Themba, that staff member and the parent will be terminated immediately. ____ Initial

NO Hair Beads

NO Hair Beads Policy- Due to the number of beads that are found on the floor and in children's mouths and even noses, we have been forced to implement a NO HAIR BEADS policy for the daycare center. Please do not put beads in your child's hair. If child comes to school with beads in hair we will remove them. Beads pose a serious danger to all children in the center. _____Initial
(Before/After Care Students are Exempt from this policy).

Children maximum number of hours at Themba is 10 hours _____Initial

10 HR Rule

Children are only allowed a maximum number of 10 hours at Themba, I understand that I will be charged an additional \$25.00 per week if my child stays over 10hrs per day or pay a late fee as outlined in the registration package _____ Initial

Safety

For Safety reasons, please do not hold the front door open for anyone. Every parent must use his or her code to enter the building. If the person doesn't have a code, please allow them to ring the doorbell and show ID _____Initial

Parking

Please do not park or stand in the fire lane or in the circle. All cars must be parked in a parking space._____Initial

No Admittance after 10:00am/Shots

Children will not be admitted after 10:00am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever like symptoms associated with the medicine. _____Initial

No child will be admitted during nap time between 1pm-3pm, we highly recommend parents to schedule doctor's appointments during the early morning hours in order to get back to the center prior to nap time.

Siblings under the age of 18 are not allowed in the classrooms._____ Initial

A. Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities that involve transporting the children on public transportation, in chartered vehicles, or in vehicles that are driven by **THEMBA CLC** staff and parent volunteers. You will be asked to sign a separate Field Trip Permission Form for each excursion. **You acknowledge and agree that no alternate care may be available at the Center in case you do not wish your child to attend such field trip or field trips, and that no tuition refund will be given in such case.**

Each parent **must** participate in and attend one field trip per year with their child(ren). _____ Initial

If the Center Director or Senior Staff determines that the child needs individual attention, the parent(s) may be requested to attend the field trip with the child, or the child may not be allowed to participate. No alternate care will be provided in this case.

B. Publicity and Outside Consultants.

Do you grant permission for your child to be photographed or captured via digital imagery, video taped, for publicity or news purposes or interviewed by outside consultants for Print, Web and Social Media marketing and educational purposes? _____ YES
_____ NO

C. Liability Release.

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against **THEMBA CLC**, or any successor corporation, or against any officer, shareholder, employee, or agent of **THEMBA CLC**, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by **THEMBA CLC**, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless **THEMBA CLC**, any successor corporation, and any of the officers, shareholders, or directors of **THEMBA CLC**, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against **THEMBA CLC**, any successor corporation, its officers, employees, shareholders, or agents of **THEMBA CLC**, for the actual or alleged acts or omissions of you or your child(ren).

D. Certification That All Information Is Correct.

The following attachments form a part of this Enrollment Agreement. You hereby certify that you have accurately completed all the forms listed below, and that you have read and agree to abide by all provisions of the Parent Handbook. You agree to notify **Themba** if there are any changes in the information you have supplied on the forms listed below:

- a. Deposit Acknowledgment/Receipt
- b. Developmental History Form
- c. Pick-Up Release Form
- d. Custody Information Form (if applicable)
- e. Emergency Information Cards (2)
- f. Authorization to Treat a Minor Form (notarized)
- g. Child Health Inventory and Immunization Record.
- h. Receipt of Parent Manual
- i. Government Issued ID
- j. Tuition Express Form

Severability/Unenforced Terms Not Waived.

If any term of this Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid or unenforceable term did not exist. If **Themba CLC**, elects not to require that you comply with any term of this Agreement, **Themba CLC**, will not be deemed to have waived its right to demand compliance with said term at a later time.

AGREED TO

Parent's or Guardian's Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____

Center Director's\Assistant Director's Signature _____ Date _____

EMERGENCY FORM

Check the meal(s) that your child receives: BF __ AM __ LUN __ PM __ SUP __

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition, which might require emergency medical care. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt.# City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment:	C:	H:
		W:		
		Place of Employment:	C:	H:
		W:		

Dad's Email _____ Mom's Email _____

Name of Person Authorized to Pick Up Child (daily) _____

Last First Relationship to Child
Address _____
Street/Apt.# City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last FirstAddress _____
Street/Apt.# City State Zip Code2. Name _____ Telephone (H) _____ (W) _____
Last FirstAddress _____
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the childcare facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s), which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number



Automated Payment processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ - an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Themba Creative Learning Center -- to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name		Phone #	
Address		City	State Zip
Bank or Credit Union Name			
Bank or Credit Union Address		City	State Zip
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Transit Number (see sample below)		Account Number (see sample below)	
Signature		Date	

For Official Use Only...

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here		\$
		Deposit slips not accepted		Dollars
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

A service of





Automated Payment processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ - an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Themba Creative Learning Center to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name		Phone #	
Cardholder Address		City	State Zip
Credit Card Number		Expiration Date	
Signature		Today's Date	

For Official Use Only...

Date Received

Employee Signature

A service of



- - - - - < Cut Here > - - - - -

FULL Credit Card Number	Expiration Date	CVN #
-------------------------	-----------------	-------

For Security, please...
☐ return this Section of the Authorization Form.
☐ Shred this Section of the Authorization Form.

Today's Date

