

# Enrollment Agreement

# Little Lamb Nursery School

## Enrollment Information

Date: \_\_\_\_\_

Completion of this Agreement is required for enrollment. This information is necessary for Little Lamb Nursery School of Epler's Church, United Church of Christ to enable us to better understand your child and meet his or her needs.

CHILD'S INFORMATION		
Last name	First name	Middle name
Nickname	DOB	Age
Home Address		
City	State	Zip Code
Please list the names of family members who reside with the child:		
Please list any pets		
PRIMARY CONTACT/RELEASE PERSON		
Name	Relationship to child	
Home address		
City	State	Zip Code
Home Phone	Home email	Cell Phone
Occupation/Employer	Work email	Work Phone
Driver's License Number	DL state	DL expiration date

SECONDARY CONTACT/RELEASE PERSON		
Name		Relationship to child
Home address		
City	State	Zip Code
Home Phone	Home email	Cell Phone
Occupation/Employer	Work email	Work Phone
Driver's License Number	DL state	DL expiration date
Note: Personal questions will be used to verify identity if a pick-up authorization is called into the preschool. Question#1 _____ Answer _____  Question#2 _____ Answer _____		
EMERGENCY CONTACT/RELEASE PERSONS		
<b>The persons designated in this section may be contacted by Little Lamb Nursery School in the event of an emergency and are authorized to pick up by child in the event that I cannot be reached.</b>		
Name #1		Relationship to child
Primary Contact Number	Other Contact Number	
Name #2		Relationship to child
Primary Contact Number	Other Contact Number	

Staff will release your child only to you or to those persons you have listed above. **For the safety of your child, we will request all authorized Release Persons with whom staff are not familiar to provide Government issued photo ID at time of pick up.** If you want a person who is not identified above to pick up your child, you must notify center management in advance by phone and/or written note signed by the parent. The note should include the name, address, phone number, and relationship to the child as well as the parent's signature and date. **Your child will not be released without prior authorization and government issued identification.** In the event you call a pick-up authorization into the school the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

## Tuition Policy

I have registered my child \_\_\_\_\_ in Little Lamb Nursery School of Epler's Church, United Church of Christ. I will pay nine (9) monthly installments of \$ \_\_\_\_\_ per month for a total tuition payment of \$ \_\_\_\_\_.

Tuition will be paid one (1) month in advance. The tuition schedule is as follows:

August 1: September tuition due	January 1: February tuition due
September 1: October tuition due	February 1: March tuition due
October 1: November tuition due	March 1: April tuition due
November 1: December tuition due	April 1: May tuition due
December 1: January tuition due	

1. TUITION PAYMENT: Checks are to be made payable to *Little Lamb Nursery School* and can be submitted to the Head Teacher or mailed to the church office:  
Epler's Church  
Attn: LLNS Treasurer  
1151 West Leesport Road  
Leesport, PA 19533
2. I understand that if payment is not submitted/received by **the first (1<sup>st</sup>) of each month**, I will be subject to a **late payment fee of \$20.00**. Sick days, snow days, or school holidays are not an exception to tuition due dates.
3. I will be responsible for any bank service charges that Little Lamb Nursery School may incur due to delinquent funds, stopped payment, or returned checks.
4. Delinquent accounts will be subject to the Little Lamb Tuition policy.
5. Delinquent accounts may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is delinquent or shared payment of an account is in dispute, any part of the payment not paid will be the responsibility of the parent/guardian.
6. A tuition coupon book will be provided for your convenience. The payment stub should be included when making a tuition payment.
7. Failure to pay the tuition may result in the removal of my child from the program.
8. My child may have the opportunity to participate in special programs or field trips. Field trips may result in an additional fee separate from Little Lamb tuition and may require completion of a specific permission slip from the educational venue.

## Transportation

LLNS student will be transported only by their parent/guardian or family member for a field trip. It is the parent's responsibility to provide a car seat for the child's transportation. If the parent or family member is unable to provide transportation for the field trip, the child will remain at home the day of the field trip.

## Additional Terms

1. I will promptly update any information provided in this Agreement if such information changes.
2. I consent to LLNS communicating with me by telephone, email or other means. Written communication may be sent home with emergency contact and release persons when necessary.
3. The LLNS Board reserves the right to alter its policies and program at any time. The preschool staff does not have the authority to alter or modify the terms of this Agreement (other than inserting information where required) either verbally or in writing.

## Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this Agreement. This agreement will be effective for the 2020-2021 school year.

Primary Parent/Guardian Signature	Date
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For Office use only

LLNS Head Teacher Signature	Date
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| <ul style="list-style-type: none"><li><input type="checkbox"/> Application for Admission</li><li><input type="checkbox"/> Enrollment Agreement</li><li><input type="checkbox"/> Getting to Know Your Child</li><li><input type="checkbox"/> Emergency Contact Information</li><li><input type="checkbox"/> Child Health Report</li><li><input type="checkbox"/> Injury Release/Field Tri0p Form</li><li><input type="checkbox"/> Photo Release Form</li><li><input type="checkbox"/> Parent Handbook Release Form</li></ul> |
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