

HILLCREST CHILDREN'S CENTER (HILLCREST) ENROLLMENT CONTRACT

Child's Name _____ Birthdate _____ Due Date _____

REGISTERING INDIVIDUAL(s): Those responsible for the account:

List all persons, including partner, caseworker, or agencies your account may be discussed with:

Describe any custody arrangements necessary for us to know. Any court-ordered custody arrangements regarding your child must be on file with the office for enforcement purposes.

Has your child ever received any type of treatment for a life-threatening emergency? __YES__NO If yes, please describe:

Is your child taking any medications? __YES__NO If yes, please list?

Has your child been diagnosed as having a cognitive, social/emotional, and/or physical disability? __YES__NO Primary Diagnosis:

Is your child seeing a specialist? __YES__NO If yes, what is your child being seen for? *Therapists are welcome to visit/observe/work with your child at Hillcrest.

Is there any other medical, behavioral, and/or health-related information that is important for us to know? __YES__NO If yes, please detail:

I understand the Parent Handbook is available on Hillcrest's website, hillcrestchildrenscenter.net, and I agree to follow all policies and procedures listed.

My child has permission to participate in neighborhood walks, including Alderwood Park ("Train Park").

Hillcrest has permission to use my child's likeness, photographs, videos, and voice recordings for classroom activities, private online communications (REMIND, Brightwheel, Hillcrest FB group), and staff training development.

If I want to avoid using my child's picture for public promotional purposes, I will inform the office by email.

I will keep my child's Physical, Immunization Requirements, Emergency Card, CACFP, and all other paperwork current. Hillcrest will provide a month's notice of paperwork due dates. After that due date, my child will not be allowed to attend Hillcrest until the current paperwork is submitted. Tuition will still be owed during this time, as failure to submit paperwork does not cancel the enrollment contract.

I will submit any contracts, authorizations, or paperwork from outside agencies providing tuition assistance to Hillcrest. My account will be credited once these items have been received.

I understand that tuition is due on the 1st of the month. A late fee will be charged for payments received after the 10th of the month unless alternative payment arrangements have been approved, in writing, in advance. NSF checks are charged a \$75 NSF Fee. All past-due balances will be sent to small claims court.

I understand I must give a written one calendar month's notice before withdrawing my child(ren) from Hillcrest. I will owe an entire month's tuition if the required notice is not given. **There are no refunds for non-attendance.**

My child has permission to participate in Hillcrest programs. I will assist in observing the policies and procedures of Hillcrest. I waive any claims against Hillcrest, except for claims arising from gross negligence or willful acts of Hillcrest, which may arise from participation in the activities of Hillcrest.

SIGNATURE AND DATE: _____