

ENROLLMENT CONTRACT - PART ONE



Chia Seed Learning Center

YEARLY TUITION BASED ON SCHOOL DAYS ONLY

FAMILIES RECEIVE SPECIAL CSLC DISCOUNTS

Tuition: A discount of 10% will be applied to the tuition(s) with lesser or equal value of every additional child. If at any time any of the siblings leave the program for any reason and only one sibling remains in the program, the 10% will no longer be available for the remaining children.

PAYMENT EXPLANATION: Payments are due according to the payment schedule chosen. Please see schedule of due dates at Brightwheel.

RETURNED CHECKS ARE SUBJECT TO A \$35 FEE (FOR EACH OCCURRENCE)

LATE PAYMENT PROCEDURE: Payments not processed within 5 working days are subject to a \$10 late fee per week.

The site director and executive director must approve other payment arrangements. Our Finance and Collections Department will review all past due accounts and may contact you for payment. This constitutes your agreement to reimburse CSLC for time spent, and for any and all collection or legal costs incurred in collecting monies due. If we elect to terminate services for non-payment, our engagement will be completed upon our written notification to you. If tuition payment is two weeks late, CSLC is hereby authorized to charge the credit card on file for the amount due.

CASH PAYMENT POLICY: CSLC has a NO-CASH policy.

SPLITTING TUITION: When tuition is a shared responsibility, the CSLC Director and on-site staff members will not participate as liaisons between parties to communicate issues regarding their child and/or their child's tuition. It is the sole responsibility of the parents/guardians to work out their personal issues and communicate with one another.

CSLC will not charge additional fees for minimum days, shortened days, or for early dismissal during conference week.

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Processed



Charged



Approved



Notified



Enrolled

page

REFUND AND CANCELLATION POLICY: CSLC requires a 30-day written notice to cancel your child's enrollment or you will be financially responsible for the remaining yearly balance. If you wish to re-enroll your child during the school year, you will need to pay the registration fee again. You will be refunded only for any full installment fees left in the program from the effective date of the cancellation. CSLC will not prorate or refund any amount if your child only attended a partial portion of the days included within the installment period . Please check your payment schedule for reference.

CSLC OR THE PARENT MAY REVOKE THIS CONTRACT AT ANY TIME DURING THE SCHOOL YEAR.

I/WE HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I/WE AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND THAT I/WE SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30-DAY NOTICE. I/WE HAVE ACCESS TO A COPY OF THIS CONTRACT.

- Half day \$5,500 quarterly - 3 payments in total (9:00am - 12:00pm)
- Full day \$6,600 quarterly - 3 payments in total (9:00am - 3:00pm)

- Enrollment fee \$1,500 (One-time fee per child entering school. Non-refundable)

* Deposits are not refundable under any circumstances.

Name of child: _____

Parent Signature

Date

ENROLLMENT CONTRACT - PART TWO

ESSENTIAL REGULATIONS

DISCIPLINE POLICY: To guide, train, practice, correct, and teach. The CSLC Program uses a positive approach for guiding children. All staff members are required to take this training .

BATHROOM PROCEDURES: Children are taken to the bathroom on a regular basis, and as needed, for a restroom break and mandated handwashing. A staff member will accompany each child to the bathroom and prompt them to follow CDC hand washing procedures. Restrooms are to be used for their intended purpose only. Restrooms are not an area for play!

THE RULES:

- Stay in your designated area, and keep all belongings within your assigned space.
- Respect others : no name calling or other activities that impact the happiness and enjoyment of others. • No inappropriate language, including gestures and signals.
- Respect the property of others.
- Your child must undergo a short health screen before they can be released into CSLC.
- They should be ready to have their temperature taken and answer a few required questions. This will be done while your child is still inside your vehicle. If any of the child(ren) in your vehicle temperature check over 100 degrees no child within your car will be allowed to exit the car and attend CSLC.

CONSEQUENCES:

Safety is our utmost priority and we ask that parents reinforce the importance of CSLC rules and safety measures. If a child refuses to follow directions a formal phone meeting with the parent will be set up after the second infraction. If the behaviors continue after this meeting, the student will be removed from the program until they are ready to come back and follow instructions. There will be no prorating or refund for days missed.

MORE SERIOUS BEHAVIOR & CONSEQUENCES:

To maintain a safe and positive environment for students and staff, serious behavior issues will result in immediate removal from our program without refund. Any behavior that endangers the health, physical or emotional well-being of others will be cause for immediate cancellation of registration. These include, but are not limited to:

- Disregard for safety procedures and practices (touching others, refusing to wear mask, removing other children's mask, failure to comply with social distancing when directed)
- Physical aggression towards staff, other students or campus property (biting, spitting, physical fighting, defacing property, vandalism)
- Behavior that interferes with the emotional well-being of others (bullying tactics, teasing, intimidation through threats, swearing, blatant disrespect for others, lying, stealing, making false accusations)

PARENT RESPONSIBILITY: Your cooperation is needed to ensure a safe experience for our children and staff. Please go over the rules with your child and reinforce our procedures periodically. Be supportive, as we are working together for the welfare of our community. Staggered drop off and pick-up times have been outlined by the CDC as an important part of program safety. Please comply with the scheduled times for your child's pod. Though we understand that unexpected events may occur, failure to adhere to your assigned time slot may result in dismissal from the program and forfeiture of your fees. Please contact the Site Supervisor if there is an emergency that prevents you from picking up/dropping off at your assigned time.

I have read the Enrollment Contract, parts one and two, the Tuition Fees, the Payment Plan and the Discipline and Responsibility Policy and I agree to them.

Parent / Guardian Signature _____ Date _____

Please specify: I am the mother / father / legal guardian.

IDENTIFICATION AND EMERGENCY INFORMATION

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To be completed by parent or guardian.

CHILD'S NAME _____
Last M.I. First

Date of birth _____ Male Female

Address _____

City _____ Zip Code _____

FATHER'S NAME _____
Last M.I. First

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Home/cell phone _____ Work phone _____

MOTHER'S NAME _____
Last M.I. First

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Home/cell phone _____ Work phone _____

PERSON RESPONSIBLE FOR THE CHILD _____
Last M.I. First

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PHOTO RELEASE FORM

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Chia Seed
Learning Center

From time to time, Chia Seed students are photographed by representatives of the news media or parents in conjunction with the student's academic and artistic endeavors. Students are also routinely photographed for inclusion in school related promotional and advertising materials that are disseminated to the public through newspapers and other forms of advertising, admissions materials, our website and other media. The release form below allows us to use your child's photo in such endeavors.

I hereby give permission for my child's photograph to be used by Chia Seed Learning Center in the following ways: to be filmed or photographed for promotional purposes (i.e. Chia Seed Learning Center website, social media, newsletters and News.)

I hereby waive all rights to compensation.

Student's name _____ Date _____

Print name of parent or guardian

Signature of parent or guardian

SUNSCREEN & ACTIVITY CONSENT FORM

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Chia Seed
Learning Center

I hereby give my permission for my child to take part in all School activities, including field trips and sports away from school premises. Further I understand that certain school related activities such as travel, play on the playground, and sports contain an inherent risk or injury and on behalf on myself and my child, I hereby release the school, its agents and employees and waive any claim I or my child and/or our heirs, executors, administrators and assigns may have against them for any injury or disability incurred either at school or during any off campus activity except for claims arising from the active misconduct or gross neglect of school personnel. Please apply sunscreen to your child every morning before drop off. As needed throughout the day, your child's care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 min before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Mother's / Guardian signature

Date

Father's / Guardian signature

Date