

CHRISTIAN WORLD CHILD CARE CENTER

3820 East Ave. • Livermore, CA. 94550 • 455-5564

ADMISSION APPLICATION

Name of child _____ Date of Birth _____

Mother _____ Father _____

Mom's E-mail Address _____ @ _____

Dad's E-mail Address _____ @ _____

Who is the child's legal guardian? _____

Mother's Employer _____

Address _____ City _____

Phone _____ **Mom's Cell** _____

Father's Employer _____

Address _____ City _____

Phone _____ **Dad's Cell** _____

In an emergency call _____ Phone _____ Cell _____

Has the child previously attended a childcare center or home daycare? YES NO

If so, where _____

I am the legal custodial parent or legal guardian of the above-named child. I have filled this form out honestly and desire to enroll my child at CWCCC. I understand that a non-refundable registration fee of \$125.00 per child must be paid.

Signed _____ Date _____

Office Use Only:

Enrollment Date _____ *Classroom* _____

Special Notes: _____

Christian World Child Care Center

ADMISSION AGREEMENT

1. This agreement is between _____ (parents or guardians) and Christian World Child Care Center for care and supervision of your child on the specified days and times listed below.
2. I agree that my child will attend and be **checked in and out at their scheduled times**. I understand that the arrival time is to be no more than 10 minutes before class starts and departure time is as scheduled! If your child is picked up late, a **"late fee" will be charged \$1.00 per minute**.
3. I agree that tuition payments are **due in advance** of (1st) first and (15th) fifteenth day of the month. A five-day grace period is allowed, before a \$35 late fee will be assessed to your account. If your payment is more than (10) ten days late you may be asked to withdraw your child. A \$35.00 charge will be assessed your account for a returned check. If there is a second returned check, you may be required to pay in cash, cashier's check or money order, each time thereafter. Any outstanding balance (from the time of un-enrollment) will be charged .833% monthly (10% APR) until the balance is paid in full.
4. I agree that my child will be provided the services checked below and will pay the stipulated monthly rate. I also understand that payments are due payable on the first and fifteenth of each month.

A one-time Registration fee of \$125.00 is due at time of enrollment.

TODDLER CARE (FULL-TIME CARE ONLY)

Payment option **☛**

Bi-Weekly

Monthly Rate

Mon Tue Wed Thurs Fri (Full Time ONLY) \$ _____ \$ _____

PRESCHOOL / DAY CARE

Payment option **☛**

Bi-Weekly

Monthly Rate

Mon Tue Wed Thurs Fri (Preschool 9-12) \$ _____ \$ _____

Mon Tue Wed Thurs Fri (School Day 9-3) \$ _____ \$ _____

Mon Tue Wed Thurs Fri (Full Time Care) \$ _____ \$ _____

Two-day programs are Tuesday & Thursday.

Three-day programs are Monday, Wednesday, & Friday.

5. CWCCC reserves the right to modify any of the conditions of this agreement upon 30 days written notice to the parent or guardian.
6. Each child is accepted into the program on a probationary basis for a period of thirty-days (30) of his or her attendance. During this time, the child can be dismissed without prior notice and any unused prepaid fee will be refunded within 48 hours. Thereafter under normal conditions, the Center will give at least one-week notice of dismissal and will refund any unused prepaid fees within 48 hours.
7. If the parent desires to remove the child for any reason, the parent must give at least a **two (2) week WRITTEN notice**. The parent may withdraw their child for up to a two-week period and retain the child's class assignment, however, their account will be charged for the days they are away. **NO CREDIT OR REFUND is granted for vacation days, holidays, sick days, or other days that a child is not in attendance**. Switching scheduled days or times is not permitted! No tuition refund is given (except in the case of extended times of absence or dismissal).

8. The parent/guardian is aware that (by law) the State of California Licensing Agency has the authority to:
 1. Observe the physical condition of the child which could indicate abuse, neglect, or inappropriate placement, and to have licensed medical professional physically examine the child.
 2. The Sate may also interview/question children and staff. They may also inspect their child and/or audit facility records without prior consent.
9. The parent/guardian agrees that she/he has received and read a copy of "CWCCC's HANDBOOK" and agrees they will comply with each of Center's operating policies and procedures as described therein.
10. This agreement may be terminated by the Center without notice for the following reasons:
 1. The parent/guardian has not cooperated or complied with the center's policy handbook or guidelines of the child's discipline needs.
 2. Parent/guardian has not paid the agreed upon fee or has been late paying the fee more than twice in a six-month period.
 3. Staff determines that due to the child's emotional makeup or an inability to work within the program guidelines that a different program would better meet his/her needs.
 4. Any aggression or violence. Verbal, emotional or physical acts from a child, parent or guardian.
11. The parent/guardian understands that in the event that CWCCC must resort to legal means or retains the assistance of "collection agency" to collect an outstanding account, the parent becomes liable for late fees, interest, and all fees permitted by law. Those cost will be in an addition to outstanding account balance.
12. I hereby give my consent to the use of any photograph reproduction that my child, or I may appear on the Christian World website. I understand that these materials will be used for promotion of the CWCCC only. I understand that the images of my child (ren) may be used on the website or Facebook without additional written permission. I release Christian World Church from any liability connected with the use of my picture, or my child's picture as part of any promotion of the CWCCC.

**** RE: Child Care Links or other subsidy programs.**

The parent of the enrolled child understands when receiving a tuition subsidy from "Child Care Links" or any other agency that, the **PARENT/GUARDIAN IS RESPONSIBLE** for the **FULL AMOUNT** of their child's monthly expense. If the subsidy that is received DOES NOT cover the incurred expense, the PARENT/GUARDIAN is responsible to pay the remaining monthly balance.

"Subsidy providing programs ONLY ALLOW FOR A LIMITED AMOUNT of missed days per month. Please check your agreements to see how many days are available and how this and other issues may affect your account.

I have read and understand this policy. YES NO

The following agrees to these policies and is responsible for payment of tuition:

Name _____ Social Security # _____ - _____ - _____

Address _____ City _____ ZIP _____

YES NO.... **I have read and understand the Admission Agreement/Policy.**

(Parent or Guardian)

(Date)