



NexGen Academy Child Care Center

Enrollment Agreement Information

CHILD INFORMATION

Start Date _____ End Date _____

Name of Child (Last, First, Middle Initial) _____

Gender _____ Birthdate _____ Home Phone _____

Child's Home Address _____

PRIMARY CONTACT AND RELEASE PERSONS

1.) Mother/Guardian's Name _____

Home Phone/Cell _____

Home Address _____

Email Address _____

Employer _____ Work Number _____

2.) Father/Guardian's Name _____

Home Phone/Cell _____

Home Address _____

Email Address _____

Employer _____ Work Number _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo I.D. at the time of pick-up. If parent/guardian call to ask for someone to pick up their child who is not on Emergency Contact List, to confirm it is you we will ask two (2) security questions.

SECURITY QUESTIONS

Question: _____ Answer _____

Question: _____ Answer _____

(Please make a note as to the questions and answers so you don't forget)

MANDATORY:

Name #1 _____

Relationship to Child _____ Cell Phone _____

EMERGENCY CONTACT AND RELEASE PERSONS

Optional:

Name #2 _____

Relationship to Child _____ Cell Phone _____

Optional:

Name #3 _____

Relationship to Child _____ Cell Phone _____

Parent/ Guardian MUST call the Center anytime there is someone other than those on the Emergency Contact List, that will be picking up your child. They will be required to show proper ID before your child will be allowed to leave with them (this includes Grandparents). If you call and ask for someone not on Emergency Contact List to pick up your child there will be two (2) security questions you will be required to answer.

For all children's safety, it is critical to sign in your child according to state childcare licensing regulations. If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15-minute period- \$15, per child, until the child(ren) is/are picked up.

Name of Child _____ Date _____

Parent Initial _____

NEXGEN ACADEMY ENROLLMENT AGREEMENT

Name of Child: _____

Birth Date _____

(Last, First, Middle Initial) _____

Parent/Guardian

Name _____

Please initial each section listed below, then sign and date the last page.

TUITION AND FEES

_____**Registration/ Book Fee:** I understand there is a one (1) time registration fee of \$150 for one child, \$100 per child for two (2) children, \$85 per child for three or more children, this shall be paid in advance to enroll my child(ren). There is also a Book Fee due upon enrollment and paid annually at the end of August. Neither of these fees is refundable.

_____**Tuition and Modifications Conditions:** \$_____ per week is the current tuition rate for the program I have chosen. I understand the Center reserves the right to evaluate fees as needed and to increase fees at any time with a 30-day notice. I understand the first week's tuition, registration fee and book fee are due upon enrollment. There is a 10% discount for more than one child enrolled from the same family.

NexGen Academy will be open Monday- Friday 6AM-6PM except on Holidays or closure because of inclement weather. Fill out days and times child will be attending NexGen Academy:

Days ____M____T____W____TH____F From _____am/pm to _____am/pm

_____**Payment of Tuition:** I understand Tuition is DUE by Friday for the following week of care.

_____**Late and Unpaid Tuition:** I understand that if my account tuition is not paid on Friday there will be a \$5 late fee charged on Monday. For each week that tuition is late there will be a \$25 late fee charged.

_____**Agency Reimbursement:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

_____**Charges and Procedures for Late Pick-Up:** NexGen Academy is open from 6AM to 6PM, Monday through Friday year-round, except for holidays. I understand that if I fail to pick up my child before the scheduled closing time or time agreed upon, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

_____**Returned Checks:** I understand that a service charge of \$30 plus all accumulated bank fees will be charged to my account for any returned checks.

Date _____ Parent/Guardian Initial _____

DAILY PROCEDURES

_____**Daily Sign-In and Sign-Out:** I agree to sign my child in and out every day. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself in or out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____**Authorized Pick-up:** I understand that I need to call the Center any time there is someone other than myself or my authorized person(s) sent to pick up my child. I will be asked two (2) security questions if I am requesting someone not on the Emergency Contact List. They will be required to show proper ID before my child is allowed to leave with anyone on the pick-up list or someone Parent/Guardian called in.

_____ **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification.

_____ **Withdrawal from program:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to make my account current. I understand all fees (Tuition, Registration, Activity or Book) are non-refundable.

_____ **Termination from program:** The Director at NexGen Academy Child Care Center reserves the right to cancel the enrollment of a child at his/her discretion, or for the following possible reasons:

- Non-payment or excessive late payments of tuition and fees.
- Not observing the rules of the center as outlined in the Parent Handbook.
- Child has special needs that we cannot adequately meet with our current staffing patterns.
- Physical and/or verbal abuse of staff or children by parent/guardian of child.
- Expired immunizations and/or physical.

Date _____ Parent/Guardian Initial _____

HOLIDAYS, ABSENCES AND CLOSINGS

_____ **Holidays:** I understand that the Center is closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Eve and Christmas Day. I agree I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **Absences/vacations:** I understand that I need to call the center any time my child will be absent for any reason. I will have a week of vacation time after every 6 months. This means I may take a week off and not be charged tuition. Regular fees are still due when your child is sick or absent for any reason while the center is open for business.

_____ **Emergency closing:** I understand that it is the NexGen Academy Child Care Center's intention to be open and provide childcare service every weekday of the year excluding holidays. But, in the case we are forced to close due to inclement weather, we will follow the Andover School District's closures or any delays. I agree in the event the school is closed for inclement weather I will still be charged for that day.

_____ **Emergency Evacuation:** I authorize the school to evacuate my child in case of emergency. I understand that the evacuation site is posted in the school.

STAFF LICENSING AND OUR POLICIES

_____ **Parent Handbook:** I have received a copy of the Parent Handbook. I have read and understand it contents and policies and agree to be bound by same.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian
Signature: _____ Date _____

Parent/Guardian
Signature: _____ Date _____

Director
Signature: _____ Date _____

NEXGEN ACADEMY CHILDCARE CENTER MEDICAL INFORMATION

Name of Child _____ Date _____

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?
Yes ___ No ___ If yes, please provide the following information:

Physician's Name _____ phone _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____,

I (we) _____ authorize, for emergency purposes only, a childcare staff-designated employee to transport the minor by ambulance and consent to any necessary examination.

Preferred Hospital/Clinic for Emergency Care: _____

Dentist Name: _____ Phone _____

List any special medication or pertinent information: _____

Parent/Guardian Signature: _____

Director Signature: _____ Print Name _____

MEDICAL HISTORY

Child's Name _____ Date _____

Medication that will be administered regularly at the school: _____

ALLERGIES (please check and list all that apply)

___ Medications
Reaction: _____

___ Food
Reaction: _____

___ Other
Reaction: _____

Are any of the allergies severe or life threatening? Yes ___ No ___ If yes, please provide special instructions: _____

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their strollers.

I give the school permission to take my child on these field trips.

Parent/Guardian

Signature: _____ Date _____

Parent/Guardian

Signature: _____ Date _____