

Welcome to World of Wonder!

We are looking forward to a wonderful and exciting year, full of many opportunities to help your little one succeed! Our primary focus is your child's entire development which includes cognitive, physical, social and emotional and spiritual health. Each day your child will participate in educational and spiritual activities that take place in a safe and caring environment.

You will sign your child in electronically. We use a biometric system and it will be set up on your child's first day. Since it is a biometric system, if someone else is picking up your child, please have them check in with the front office to show their identification. If they will be a regular pick up, they will be set up to access the electronic system as well.

Your child's teacher will communicate with you primarily through email or ProCare Connect to advise you of class activities, special events, or any concerns that they may have. In addition, the attached handbook will provide you with the guidelines and policies of our program to ensure your child receives the best care possible!

Please take the time to complete the enrollment materials and return them to the office.

If you ever have any questions or concerns, the program Director will be happy to speak with you. Thank you for the opportunity to meet your preschool and child care needs!

Daily Policies

The following policies have been established to meet our licensing requirements and for the safety of all the children in our care.

- Electronically sign your child in and out each day when arriving and leaving. Although your signature is electronic, it does become a legal document. Please **do not** allow your children to sign the signature pad. This must be done by the person signing in and out.
- Please walk your child into their classroom when you arrive, wash their hands, and give a quick update to their teacher (how their night was, did they sleep o.k., did they eat breakfast, or anything to watch for)
- Always observe the health guidelines in the Parent Handbook including washing your child's hands upon arrival in their classroom. If your child isn't feeling well, please arrange alternative arrangements.
- Please be aware of any allergies that are posted on your child's classroom door. Please make sure any outside food brought in for class parties is store bought. A list of ingredients must be visible on the package.
- Please remember to update your child's information as it changes, including phone numbers, people authorized for pick up, and immunizations.
- A late fee of \$10 per day is applied to all accounts not paid in full and on time. This fee will be assessed based on the first day of attendance that week. For example, if tuition is not paid by 9:00 am Wednesdays, you will be assessed at \$30.00 late if your child attended on Monday.
- If you are not able to pick up your child by the scheduled closing time, please notify the school. A late pick up fee of \$4 for each minute, per child will be charged until the child is picked up.

Communication

Maintaining open communication is critical in providing your family with the best experience possible. To accomplish this, you may communicate with your child's teacher through ProCare Connect. Please be sure to download the ProCare Connect App so that your child's teacher can inform you of any concerns, accomplishments or issues that you need to be aware of. As a center we will communicate via email and/or ProCare Connect. Please make sure to check your email regularly as this is the center's primary form of communication. Also, check your child's folder each day as they will often be excited to show you what they did! Positive conversations about their work will help boost their self-esteem as well as extend the learning.

Please know that we are always here for you. There is always a management person on site, however we encourage primary communication with your child's teacher. Please understand that we are open for many hours a day, so your child may have more than one teacher throughout the day. However, all of our staff members are highly qualified and committed to providing a safe and caring environment for your child.

Things to Bring

Please label all of your child's belongings with their first and last name.

- Small blanket for nap time (it must be able to fit in your child's cubby (except for infants)
- 2 weather appropriate changes of clothes
- Diapers and wipes (infants – two years old)
- Bottles labeled (infants) sippy cup labeled (for one year olds) water bottles labeled (2 years old and older) with your child's first and last name
- Please leave all toys at home unless it is your child's show and share day

Payment Options

We want the payment process to be as easy as possible for you. Payments are made either electronically at the ProCare check-in station via debit or credit card, or through MyProCare.com via ACH (electronic check payment), debit or credit card. Cash payments may be deposited in the secured lock box in the front lobby. All cash must be placed in a sealed envelopment that includes the child's name, date, and amount. All money will be applied to tuition unless otherwise noted. Payment is due the first day of attendance each week. Please refer to the Parent Handbook for late fee information.

Calendar

Your child is enrolled in a year-round program, only closing for the major holidays listed in our Parent Handbook. Please refer to your Parent Handbook and enrollment agreement below for further details about holidays/absences/vacations.

Thank you again for choosing World of Wonder! It is truly an honor to partner with you in providing for your child's educational and developmental needs.

ACKNOWLEDGEMENT OF POLICIES

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below:

SECTION 1: TUITION AND FEES

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$75.00 for first child or \$125 for family shall be paid in advance to enroll my child. I understand that my annual registration fee will be charged to my account on August 1st. I understand that upon my initial enrollment my registration fee will be prorated based on the month I enroll my child and then billed at the full amount on August 1st. I understand this is non-refundable nor is it prorated if I withdraw my child. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand it is assumed that my child will be returning each school year unless I provide a written notice of withdraw.

_____ **TUITION and MODIFICATIONS CONDITIONS:** The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program: Days: M T W TH F FT / PT

\$_____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. My regularly contracted tuition rate is due when my child attends any part of the week unless applying absent/vacation credits (see absences/vacations for use of credits).

_____ **PAYMENT OF TUITION:** I understand that tuition is non-refundable, due and payable on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

_____ **LATE or UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$10 per day that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party agency for collections and I will be charged for all applicable fees associated with collecting my outside debt including attorney's fees.

_____ **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. I understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the schools full daily rate of tuition. I understand that I am responsible for the schools full daily rate for holidays and absences not covered by any agency or third-party.

_____ **CHARGES and PROCEDURE for LATE PICK-UP:** Our hours of operation are from 6:00 am to 6:00 pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the time my child's scheduled program ends, I will be charged a late fee of \$4 for every minute, per child. I understand if my child has not been picked up by 6:00 that the center will contact the sheriff and/or Department of Child Safety if they are unable to reach me or my emergency contacts.

_____ **ADDITIONAL FEES:** Summer Camp children and children attending during scheduled school breaks will pay additional tuition for attendance as well as any additional activity fees that my child participates in.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child with the lowest tuition rate. We are proud to offer a 10% discount per child for our military families. These discounts are only available to those accounts when full tuition is charged. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount, scholarship, or promotion. Discounts must be renewed every August and you may be requested to provide documentation that supports discount eligibility.

_____ **RETURNED PAYMENTS:** I understand that a processing fee will be charged to my account for all payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. The maximum fee allowed by state law will be charged for all returned payments. I am responsible for the principal amount plus all returned payment fees.

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN and SIGN-OUT:** I agree to sign my child in and out every day according to the school's attendance procedure. I understand that my child is not permitted to sign him/herself 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 area and staff member each day. A physical signature is required due to state child care licensing regulations and I agree to complete the required computer and manual sign-in and sign-out procedures. I understand this is a State of Arizona, Department of Health, Bureau of Child Care Licensing regulation and if I have repeated violations of regulation it could result in my child's disenrollment of the program.

_____ **PERSONAL BELONGINGS:** I agree to label my child's personal belongings, including but not limited to diapers, wipes, change of clothes, etc. with their first and last name. I understand this is a State of Arizona, Department of Health, Bureau of Child Care Licensing regulation. I understand that this is for the health and safety of not just my child, but all children enrolled in the program.

_____ **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. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the criteria outlined in the Parent Handbook.

_____ **MODEL RELEASE:** The company, its agents, affiliates and licensees, may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

_____ **PHOTOGRAPH, VIDEO and AUDIO RECORDINGS:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recordings for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____ **INTERVIEWING CHILDREN and INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____ **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. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance, including tuition and fees, when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (tuition, registration and activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES and CLOSINGS

_____ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Day After Thanksgiving, Christmas Eve, and Christmas Day, I agree that I will not receive a refund, credit or any other allowances for holidays. I understand that the school will be closed for Christmas Eve and that my account will be credited for 1 day of tuition if I am schedule to attend on that day (if these days fall on a weekend, no credit will be given). If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. If my child attends part-time and the holiday falls on my regularly scheduled day, I understand that I am still responsible for my full weekly tuition and may not substitute a day. If I need to attend an additional day due to the holiday, I understand that I need to receive prior Director approval and will be charged for the additional day.

_____ **ABSENCES/VACATIONS: All students:** I agree to inform the school immediately if my child will be absent on any day and that I am not entitled to any tuition credit. I understand that I will receive equivalent to my scheduled 2 weeks of vacation credit per calendar year (prorated based on enrollment date). These vacation credits can only be used in week increments and may not be broken up into individual days. I understand that I have to submit a vacation form to the office at least 7 days in advance advising the center the dates that my child will be absent to be able to use my vacation credit. I agree if I do not let the director know in advance that I am responsible for paying tuition for that week. I understand that I will receive equivalent to my scheduled 1 week of absence credits to use as individual days (i.e. my child is scheduled to attend 5 days a week I will receive 5 absence credits) I agree and understand that once I have exceeded my vacation/absence credits that I am responsible for paying my normal weekly tuition rate even if my child doesn't attend.

_____ **Extended leave of absence:** A reservation of 25% of my regular week's tuition will be due for each week of absence, with advance notice to the Director. I agree to pay the reservation fee per week to guarantee my child's space when my child is not in attendance for an extended period of time. I understand an extended leave of absence is defined as 4 or more weeks. If I have not received Director approval for an extended leave of absence, I understand that my child will be withdrawn for the program after 3 weeks of consecutive absences. I agree to go through the re-admission process including paying a new non-refundable registration fee.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to two business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

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

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on race, ethnicity, religion, national origin, or disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided, is available. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all previous documents.

Name of Child _____
Updated: 10/21

Date _____

Parent/Guardian Initial _____