

**Trinity Lutheran
Early Childhood Development Center**

725 Pine Street, Paw Paw, MI 49079

Ph: (269) 657-5921

Childcare@trinitylutheran.com

**2022-2023
CHILDCARE
ENROLLMENT
CONTRACT**

Start Date _____

Child's Legal Name _____ Male _____ Female _____

Nickname child goes by _____ Date of Birth _____

Child's Legal Name _____ Male _____ Female _____

Nickname child goes by _____ Date of Birth _____

Child's Legal Name _____ Male _____ Female _____

Nickname child goes by _____ Date of Birth _____

Please initial one of the following choices:

_____ Childcare will be needed for the school year only

_____ Childcare will be needed for the entire year

Fill in approximate pick up and drop off times for your child if you will have a **fixed schedule**:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|------------|------------|------------|------------|------------|
| _____/____ | _____/____ | _____/____ | _____/____ | _____/____ |

If your schedule will need to be **flexible**, it must be submitted a minimum of two weeks in advance and may not be altered less than one week ahead of time. Billing will be based on the schedule submitted. All changes to the submitted schedule must be made in writing.

_____(initial here)

Circle the program(s) your child/children will attend:

Little Sprouts

Little Movers

Little Learners

Big Learners

Family Information

Father's full name _____

Address _____ City _____ State _____ Zip _____

Preferred phone # _____ Work phone # _____

E-mail _____

Church Membership: ___ Trinity Lutheran _____ Other ___ None

Mother's full name _____

Address _____ City _____ State _____ Zip _____

Preferred phone # _____ Work phone # _____

E-mail _____

Church Membership: ___ Trinity Lutheran _____ Other ___ None

Step Parent's full name _____

Address _____ City _____ State _____ Zip _____

Preferred phone # _____ Work phone # _____

E-mail _____

Church Membership: ___ Trinity Lutheran _____ Other ___ None

Child's Legal Guardian(s) _____

Parent's Marital Status: Married Divorced Single

Emergency Contacts:

Childcare staff will always try to contact the parents first in the event of an illness or emergency concerning your child. However, if we are unable to reach you, please list two names (and relationship to child) below that we can call:

1. _____ Phone # _____
2. _____ Phone # _____

Payment Policies

- I agree to pay a one-time, non-refundable registration fee of \$75.00 per child. This fee is due upon registration. A lapse in care of more than 30 days will result in another registration. *(Please Initial)* _____
- I understand that payment for the current week will be automatically debited from our bank account each week. If no payment has been received by the following Monday, services will be suspended until the balance becomes current. Extenuating circumstances need to be brought to the attention of the director. *(Please Initial)* _____
- I agree to keep my child's tuition current, ensuring a space for my child in the center. *(Please Initial)* _____
- I agree to pay all fines incurred in the event the bank returns a check of mine for insufficient funds. I agree to pay the center \$30 as a processing fee if a check of mine is returned. *(Please Initial)* _____
- I understand that Trinity Lutheran Childcare reserves the right to adjust child care rates with a thirty day written notice.
(Please Initial) _____

- I understand that \$100 per week is needed to hold a spot during an extended leave of absence. *(Please Initial)* _____

Tuition Rates effective July 1, 2021

There is a 2 day minimum

Fully Potty Trained Children

| | |
|-------------|------------|
| 5 full days | \$195/week |
| 3 full days | \$150/week |
| 2 full days | \$115/week |

Non Potty Trained Children

| | |
|-------------|------------|
| 5 full days | \$225/week |
| 3 full days | \$170/week |
| 2 full days | \$135/week |

Choose one of the following payment schedules:

I have a fixed schedule as indicated on page one and agree to pay \$_____ /week. *(Please Initial)* _____

I have a flexible schedule and will be submitting days as needed for care at least 2 weeks in advance. I understand that the minimum charge per week is the 2 day rate regardless of attendance. *(Please Initial)* _____

I agree to pick up my child before 6:00 pm. I agree to call the center when I realize I will be late. If my child remains at the center after that time, I agree to pay a late fee of \$5 for every 5 minutes after 6:00 pm.
(Please Initial) _____

DHS Programs

This program can be very successful if we work together.

I participate in the DHS Program provided by the State of Michigan.

(Please Initial) _____

Department of Human Services pay is accepted; however, this pay is supplemental and it is the responsibility of the family to pay the center in full, for all child care. I will pay the remaining balance that the State of Michigan does not pay. *(Please Initial)* _____

DHS does not pay enrollment fees. I will pay this fee and register for a weekly family contribution through the automatic payment system.

(Please Initial) _____

Benefit Days

There will be no reduction in tuition for absences due to illness or vacations for anyone attending less than 5 days per week, year round. The only exceptions would be the week between Christmas and New Year, and the week of Spring Break (as scheduled by Trinity Lutheran School). We are open during those weeks, however, if you let the center know 2 weeks ahead of time, you will not be charged. *(Please Initial)* _____

For Full time year round families, there will be an award of 10 benefit days to be used singly or consecutively as needed and at your discretion. Benefit days are defined as free of charge. 5 benefit days will be awarded January 1 through June 30 of the same year. Another 5 days will be awarded for the period of July 1 through December 31. The first 5 days may be saved for the second half of the year, however, benefit days cannot be carried over into the next calendar year. Days will be prorated for families joining the center after January. In case of illness or injury, please make sure to inform staff of your intent to use benefit days when you call in

the absence. Please inform staff in advance for all other absences. Once billing has taken place for the week, it will not be changed to reflect benefit days. Benefit days CANNOT be used in place of the 2-week separation notification. (Please Initial) _____

Exit Policy

I agree to give Trinity Lutheran Early Childhood Development Center two weeks written notice before exiting from the program. In the event I do not provide the center with two weeks notice, I agree to pay Trinity the amount equal to two weeks of childcare fees. (Please Initial) _____

I also realize that Trinity has the right to exit my child from the program without notice if my child's continued participation in the program creates a direct threat to my child's safety, the safety of the other children, or the safety of Trinity's staff. (Please Initial) _____

Handbook

I have read the TLC Early Childhood Development Center's Parent Handbook, and I agree to comply with the rules, policies, and procedures within. Trinity reserves the right to modify the contents of its Parent Handbook at its sole discretion with 30 days written notice to parents. In the event of an emergency or licensing mandates, the 30-day notice will be suspended. (Please Initial) _____

Upon signing this agreement, the parent, legal guardian or responsible adult agrees to abide by all the provisions contained in this contract. The laws of Michigan govern this contract.

Father's/Guardian Signature _____ Date _____

Mother's/Guardian Signature _____ Date _____

Enrollment contract updates replace any prior to ~~8-11-2020~~ 7-25-2022