

ST. JOSEPH'S CHILDREN'S CENTER Contract

2023/2024 School Year Enrollment



901 W. 4th Avenue Kennewick WA 99336

(509)586-1428

Hours: 6:00 am- 6:00 pm

5% Discount for multi-child enrollment



ST. JOSEPH'S CHILDREN'S

CENTER PAYMENT AGREEMENT

2023/2024

CLASSROOM

**TUITION**

**RATE**

MONTHLY

RATE

Toddler- Not Potty Trained

$. 1230

Toddler- Potty Trained

$. 1085

Preschool- Enrolled in Montessori

$. 750

B.A.S.I.C - Before & After School

$. 450

CONTRACT

AGREEMENT

www.reallygreatsite.com

hello@reallygreatsite

B.A.S.I.C -Before School Only

$.275

B.AS.I.C - After School only

$. 350

Child's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Date: \_\_\_\_\_\_\_1st \_\_\_\_\_\_5th

Circle One

Parent/ Guardian 1 full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

State

Zip

Parent/ Guardian 1 full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

State

Zip

I agree to pay the above amount by the date I have chosen above. I understand that not making my payment by the specified date

could result in termination of my care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature

Date

St. Joseph's Children's Center

Payment Agreement 2023/2024

Payment Policies

# Contract Start Date

This contract officially starts on the first day of school. We are not able to accommodate families that wish to start their contract early. We are not able to overlap our Summer and Fall Contracts.

**Late Pickup Policy**

All children need to be picked up by our closing time of 6 pm. There will be a $2 a minute fee that will be added to your account.

# Billing Details

Billing is pre-paid from the first of the month to the end of the month. You can choose to have your payments made on the 1st or 5th of each month. A $50 late fee will be applied if your payment is not made on time. A written agreement between the director and parents must be written before the first day of billing if payment date needs to be moved/ altered.

# Termination of Contract

If you withdraw from service, you must give written notice by the last working day of the month preceding the change. Otherwise, the rates previously registered for will apply. We only accept full month withdrawals.

# Failure to Comply

Failure of a child or children to comply with the rules and regulations of the Children's Center is subject to suspension, termination, and refusal or return to the center. It is the sole discretion of the St. Joseph Children's Center if a child or children are determined to be a danger to themselves, other children or staff members. The Children's Center may terminate this contract without notice due to any reason deemed necessary.

# Attendance Shortage

The St. Joseph's Children's Center reserves the right to close the center if ten or less children will be in attendance over a holiday break or on summer program date. Parent's will be notified via Brightwheel of any building closures.

I have read and understand the above policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature Date

# Children's Center Registration

Date Received: \_\_\_\_\_\_\_\_\_\_ Child's Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Information

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Teacher (AM or PM):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Information

Parent/ Guardian 1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 1 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Parent/ Guardian 2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Family Information

Family Language used at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language child uses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's race/ ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Children's Center Registration

Authorized Pick-Up and/or Contact in Case of Emergency

\*Must have at least one person listed that isn't a legal guardian\*

|  |  |  |
| --- | --- | --- |
| Name:  Relationship: | Primary Contact Number:  Work Number: | Authorized to Pick- UP  Contact in Case of Emergency |
| Name:  Relationship: | Primary Contact Number:  Work Number: | Authorized to Pick- UP  Contact in Case of Emergency |
| Name:  Relationship: | Primary Contact Number:  Work Number: | Authorized to Pick- UP  Contact in Case of Emergency |

NOT Authorized for Pick-Up Child

\*A certified court document must be provided if this section is completed\*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Child Information

Help us get to know your child a little better by answering the questions below.

Has your child attended daycare previously? In-home or child center? If so, explain your likes and

dislikes.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some of your child's favorite things?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any fears?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any behavioral issues we should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you handle your child when misbehaving at home? Time-out, re-direction, etc.? \_\_\_\_\_\_\_\_\_

Children's Center Registration

Health Information

Primary Care Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last dental exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and Special Care

\*If you mark yes in this section additional paperwork must be filled out\*

Does your child have any allergies? Yes No Reactions to any medications? Yes No

List any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child taking any medications? If so, please list below. Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special health needs? If so, please explain below. Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other important health information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to Medical Care and Treatment of Minor

I give permission for the St. Joseph’s Children’s Center licensee or qualified staff to give first aid and/or emergency treatment to my child. In the event I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, or EMT when deemed necessary or advisable by the physician or EMT to safeguard my child’s health. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children's Center Registration

Policies and Terms of Contract

\*Read and initial\*

|  |  |
| --- | --- |
| Initial | I understand that the $100 registration fee is non-refundable. |
| Initial | If payments are not made by the 1st or the 5th of each month a $50 late fee will be applied. If there is still an outstanding balance on the 26th of the month your care will be suspended until the amount is paid in full. |
| Initial | You must be enrolled in Brightwheel before your child can start attending. |
| Initial | The St. Joseph’s Children’s Center closes at 6:00 pm. At late fee of $2 per minute will be charged. A charge will be added to the following month’s statement. The children’s Center uses the clock at the front desk as the official time. |
| Initial | If you withdraw from service, you must give written notice by the last working day of the month preceding the change. Otherwise, the rates previously registered for will apply. We only accept full month withdrawals. |
| Initial | I understand that if I do not provide all USDA food requirements in my child’s lunch the children’s center will provide the missing items and a charge will be added to my account. |
| Initial | The St. Joseph’s Children’s Center provides two snacks. There is a menu located in your child’s classroom, outside the kitchen, and on Brightwheel. It is your responsibility to provide substitutions if your child has an allergy. The center provides alternative snacks for lactose and gluten allergies. |
| Initial | I have received a copy of the Parent Handbook and have read and understand the policies outlined in it. |
| Initial | I have been made aware of the location of St. Joseph’s Children’s Center Emergency Disaster Plan, Healthcare Policy, and current WAC requirements, so that I may view them at any time. |
| Initial | I will keep my child’s file up to date regarding allergies, immunizations, address, phone numbers,etc. |
| Initial | All children must be signed in and out of the center EVERY DAY. |
| Initial | Cellphone use is prohibited while picking up or dropping off your child. |
| Initial | Only authorized individuals are allowed to pick up your child. All authorized pick-up persons must provide their photo ID in order to pick up. It is your responsibility to give the children’s center prior notice if someone is picking up your child that is not an authorized individual. |
| Initial | I authorize that the St. Joseph Children’s Center can walk my child to and from school, if applicable. |
| Initial | The St. Joseph’s Children’s Center may take my child to play in the grass areas outside of the designated playground fences or the PAC gymnasium. |
| Initial | I give permission to the St. Joseph’s Children’s Center to photograph or video my child. These images/ videos may be used for publicity or educational materials only. |
| Initial | I understand that drop off time for Precious Ponies and PeeWee Ponies is 10 am unless in direct communication with the director or classroom teacher. |

Children's Center Registration

Release of all claims against the Catholic Bishop of Yakima Corp. Sole

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release and discharge the Catholic Bishop of Yakima Corporation Sole officers from all claims, action judgements and executions which I had, now has, may have, or which my heirs, executors, administrators, or assignees may have, or claimed to have against the Catholic Bishop of Yakima Corporation Sole, its successors or assignees, for all personal injuries, known or unknown to my child and injuries to property, real or personal, caused by or arising out of directly or indirectly, the above described activities. I have read this release and understand all its terms and conditions. I execute it voluntary and with full knowledge of its significance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify under penalty of perjury under the laws of Washington State that the information in this enrollment packet is accurate and true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_