

Candi's Creative Playschool & Learning Center

FEES AND POLICIES/FEE SCHEDULE

FULL DAY PRESCHOOL

8:00 a.m. – 3:30 p.m.

REGISTRATION FEES:

\$200.00 if paid on, or before, May 25th

\$275.00 if paid after May 25th (new students only)

WEEKLY TUITION

\$220.00

AGES SERVED:

3-5 years

FEE POLICY

Below is a list of fees and policies regarding fees. Non-payment of any fees will result in termination of services.

Registration Fee

A registration fee is due upon enrollment at Candi's Creative Playschool & Learning Center, LLC. This fee is non-refundable. The fee is the same whether you begin in August or January.

No Exemptions

Candi's Creative Playschool & Learning Center, LLC does not make fee exemptions for holidays, closings, or absences. Fees are the same whether your child attends every day or not.

Late Payment Fee (\$50.00)

All tuition fees are due **on Monday mornings** at drop off. If payment is not received by this time, a \$50.00 late fee will be applied. Your child may not attend until all fees are brought up-to-date. If payment is not paid the following day, you will be charged an additional \$10.00 each day that your payment is late.

Returned Check Fee (\$35.00)

A returned check fee will be charged to your account if a check is returned from the bank due to insufficient funds (or any other reason). We will not run the check through a second time. After two checks are returned from the bank, tuition must be paid by certified check, money order, or cash.

Late Pick-Up Fee

Candi's Creative Playschool & Learning Center, LLC closes promptly each day at 3:30pm. Please pick your child up by this time. Excessive late pick-ups will cause your child to be dismissed from the program.

I understand that from time-to-time things happen that make late pick-up unavoidable. If you are going to be late, please notify me immediately, so that I am made aware of the situation and can alleviate any concerns that your child may have. My cell phone clock will be considered official time for this purpose. This policy will be **strictly enforced** and I ask that you automatically pay any fees without being asked. You are an adult and you know if you or a person designated by you is late. The fee is due at pick-up.

Late pickups will be charged as follows:

1st late offense: \$25 per minute late

2nd late offense: \$50 per minute late

3rd late offense: Child will be dismissed from CCPLC

You know when you are late. If you are late, please be prepared to pay the required late fee without being asked to do so.

REGISTRATION CHECKLIST

Your child's spot will be secured once the registration fee and all attached documents have been received. It is advisable to begin this process early. Please contact me if you have any questions.

Sincerely,
Candi Geter
Director

I have read, completed and signed the following documents:

- Student Information Form
- Authorization to Release Form
- Emergency Information
- Emergency Medical Authorization and Waiver
- No Liability Insurance Notice and Waiver
- Authorization to Dispense External Preparations
- Photo/Video/DVD Release Form
- General Permission
- Parent Contract

I have provided a copy of the following:

- Immunization Record (must be current)

I have paid the registration fee:

- \$200.00 if paid on or before May 25th
- \$275.00 if paid after May 25th (new students only)

I realize that my child will need to bring the following school supplies on his/her first day:

- Two bottles of antibacterial hand soap
- Two cans of Lysol spray
- One pack of Lysol wipes
- One pack for **computer paper**
- One pack of white cardstock
- One Iris **CLEAR** scrapbook case (can be purchased from Michaels)
- Two boxes of Kleenex

STUDENT INFORMATION

Entrance Date: _____

Withdrawal Date: _____

Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Home Address (Street): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone Number: _____

Child's Living Arrangements (check one): () Both Parents () Mother () Father () Other

Child's Legal Guardian (check one): () Both Parents () Mother () Father () Other

Father's Name: _____

Cell Phone Number: _____ Home Phone Number: _____

Father's Home Address (if different from child): _____

Father's Place of Employment: _____ Work Phone: _____

Mother's Name: _____

Cell Phone Number: _____ Home Phone Number: _____

Mother's Home Address (if different from child): _____

Mother's Place of Employment: _____ Work Phone: _____

One means of communication is email. Please list names and email addresses of all parties wishing to receive our emails. We often have others who are actively involved in the day-to-day activities of the children. Feel free to include grandparents, aunts, babysitters, etc.....

NAME

EMAIL ADDRESS

My personal cell phone is for personal use and emergencies ONLY!

My child may be released to the person(s) signing this agreement or to the following:

Name	Address (Street, City, State, Zip)
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Telephone Number	Relationship to Child
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Relationship to Parent(s) or Guardian

Other Identifying Information (if any)
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Name	Address (Street, City, State, Zip)
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Telephone Number	Relationship to Child
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Relationship to Parent(s) or Guardian

Other Identifying Information (if any)
--

Name	Address (Street, City, State, Zip)
------	---------------------------------------

Telephone Number	Relationship to Child
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Relationship to Parent(s) or Guardian

Other Identifying Information (if any)
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AUTHORIZATION TO RELEASE/EMERGENCY INFORMATION

Persons to contact in the event of an emergency when the parent(s) or guardian cannot be reached:

Name: _____

Cell Phone : _____

Work Phone: _____

Name: _____

Cell Phone : _____

Work Phone: _____

Name: _____

Cell Phone : _____

Work Phone: _____

Physician's Name: _____

Address: _____

Phone Number: _____

Activity Restrictions or Precautions:

My child has the following specials need(s):

The following special accommodation(s) may be required to most effectively meet my child's needs while at school:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing allergies, illness, or health concerns:

List any side-effects from regular medication:

Note: Candi's Creative Playschool & Learning Center, LLC does **NOT** administer over-the-counter medications!

EMERGENCY MEDICAL AUTHORIZATION AND WAIVER

In the event my child, _____, becomes ill or injured while attending Candi's Creative Playschool & Learning Center, LLC, I agree to pick my child up or make arrangements to have my child picked up as soon as possible once notified.

In the event that neither I, nor anyone on the Emergency Contact List can be reached, I hereby authorize the staff of Candi's Creative Playschool & Learning Center, LLC to administer any first aid procedure deemed necessary. I also authorize Candi's Creative Playschool & Learning Center, LLC staff to contact 911 to transport my child to the hospital in Newnan, GA.

I understand that I will be responsible for all medical expenses incurred and that I will be responsible for any bills associated with said illness/injury.

Signed : _____ Date: _____
Mother/Guardian

Signed : _____ Date: _____
Father/Guardian

NOTICE OF NO LIABILITY INSURANCE AND WAIVER

I am the parent/legal guardian of _____. As a condition of child's participation, we assume any and all risks and forever waive and agree to hold Candi's Creative Playschool & Learning Center, LLC harmless from any and all claims, liabilities, and/or damages arising out of child's participation at Candi's Creative Playschool & Learning Center, LLC.

I understand that I am being informed in writing by signing this acknowledgement Candi's Creative Playschool & Learning Center, LLC does NOT carry liability insurance sufficient to protect my child in the event of an injury, etc. I understand that my child will not be permitted to attend Candi's Creative Playschool & Learning Center, LLC without signing this agreement.

Signed : _____ Date: _____
Mother/Guardian

Signed : _____ Date: _____
Father/Guardian

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

I give Candi's Creative Playschool & Learning Center, LLC (Candi) permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Wet Wipes
- Band-Aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent

Signed : _____ Date: _____
Mother/Guardian

Signed : _____ Date: _____
Father/Guardian

PHOTOGRAPH/VIDEOTAPE/DVD RELEASE

I hereby grant permission for Candi's Creative Playschool & Learning Center, LLC (Candi) and other agencies contracted by Candi's Creative Playschool & Learning Center, LLC to record the participation and appearance of my child by photographs, video tapes and/or DVDs in connection with the daily activities for the purpose of news releases, reporting, commercials, websites, and classroom/building postings. Candi's Creative Playschool & Learning Center, LLC is authorized to exhibit or distribute such media in whole or in part without restriction of limitations for any educational or promotional purpose that Candi's Creative Playschool & Learning Center, LLC deems appropriate. Media may appear in printed or visual materials for Candi's Creative Playschool & Learning Center, LLC including (but not limited to): commercials, social media, and websites.

Signed : _____ Date: _____
Mother/Guardian

Signed : _____ Date: _____
Father/Guardian

GENERAL PERMISSION

I, _____ (parent of _____), give permission for my child to participate in the following activities (but not limited to) while enrolled at Candi's Creative Playschool & Learning Center, LLC:

Please place your initial next to each activity that your child is permitted to participate in.

Play in the water (no swimming pools)

Go on field trips (Note: if not permitted, alternate child care will need to be provided on the day that a field trip is planned.)

On occasion, receive sweet treats such as candy, ice cream, etc. during special treats/holidays