

THE EARLY CHILDHOOD CENTER
MEMORIAL UNITED METHODIST CHURCH
250 Bryant Avenue
White Plains, New York, 10605
2012-2013 Contract & Registration

This contract, dated _____ shall be between

The Early Childhood Center (ECC) and Mr. and Mrs.

I would like to enroll my child in the following class(es).*

1st Choice _____ 2nd Choice _____

*Requests for teachers can be made but not guaranteed.

Child's name _____

Home address _____

City, State Zip _____

Home Phone No. _____ Cell Phone No. _____

Email Address _____

Child's Birthday _____ Age by December 31 _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Name of child's physician or medical group _____

Address _____

Telephone number _____

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APPLICATION AND PAYMENT

To enroll a child in the ECC, parents must complete a copy of this contract, and return it to the school. The School reserves the right to place children in classes at its discretion, and to cancel classes if full enrollment is not reached, without penalty to the school. If a class is cancelled, the parents will have the option of:

1. Receiving a full refund of the tuition deposit; or
2. Enrolling the child in another class, if space is available, and applying the tuition deposit toward that class.

Payment of the tuition deposit and registration fee is **non-refundable** and must be submitted with the contract. (*Tuition Incentive Program* - If tuition is paid in full by February 1, 2012, a \$100 discount will be applied. All checks MUST be postmarked by February 1, 2012, or this incentive does not apply.) Payment of tuition installments are due as indicated on the payment schedule. Failure to make tuition payments according to the payment schedule will result in a late fee of \$50. A family will be asked to leave the school for non-payment of tuition.

Refunds:

Once registration has been confirmed, there will be no refund of the tuition deposit or registration fee, except in the case that a class is cancelled by the school, as noted above. The Director must receive written notice prior to July 16, 2012, should a family elect to remove their child from the school, in order to receive an 80% refund of the eligible tuition payments (including tuition payments that were payable on February 1, April 2, June 1 and September 14, 2012). If written notice is not received prior to July 16, 2012, **no refunds will be made unless the class has a waiting list and the vacancy is subsequently filled by another child.** In that event, the refunded amount will be 80% of eligible tuition payments, as defined above. Under no circumstances will refunds be made after December 31, 2012. (Payment must be up to date in order to be eligible for any refund)

If the February, April, June and September tuition payment is not made in a timely manner, the Director reserves the right to offer your child's space to another, without return of the Tuition Deposit and Registration Fee. Except at the discretion of the Director, no child will be permitted to begin the school year in September if the February, April, June tuition payments remain unpaid. Continued attendance in class is dependent upon timely receipt of all scheduled tuition payments. *The \$250 Tuition Deposit will be deducted from the last September 14, 2012, payment.

The Director will advise the parents as to their child's class placement by letter by the end of August preceding the start of the new school year. Requests for placement will be considered, but no commitment can be made to fulfill the request.

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Required Documentation

Parents must provide all relevant documentation concerning the child that is required to be maintained on file by the school. If these documents are not provided within 5 (five) working days after the request has been made, the school may remove or discharge the child. If removal or discharge should occur for this reason, parents will not be entitled to refund of any tuition or registration fee which has previously been paid.

REFERRAL FOR OUTSIDE PLACEMENT

Occasionally a child's needs may not be fully addressed in our environment, and it may be necessary to make a referral for placement at another school. If this does occur, you will first be informed of this matter via a conference, and tuition fees will be refunded on a pro-rated basis.

RIGHT TO DISCHARGE

The school reserves the right to discharge a child following notification to the parents, under the following circumstances:

- a. If the school determines that a child requires additional services which cannot be reasonably met within the parameters of the operational budget and resources of the school;
- b. If the Staff holds the opinion that a child has special needs which cannot reasonably be met or addressed within the school's educational or operational resources;
- c. If there is a disagreement between the Staff and the parents concerning an understanding of the needs of the child and required documentation.

In the event of removal or discharge of the child for any of the above reasons, any tuition fee, which has previously been paid for the relevant school term, will be refunded on a pro-rated basis.

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MEDICAL FORM AND TREATMENT

A medical examination must be submitted to the Office before your child can be admitted to our school. We abide by the Westchester County Dept. of Health's schedule for mandatory inoculations and immunizations. We require a new medical examination each year, 30 days prior to admission. The medical, dental and surgical treatment of children is the responsibility of the parent. If a child becomes ill while at school, the parent must come for their child as quickly as possible and provide the necessary medical care. If there is an emergency, we will take your child by ambulance to the nearest Hospital Emergency Room, and we will call you to meet us there.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the ECC program staff to obtain emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Relationship to child: _____ Signature: _____ Date: _____

SCHOOL POLICIES

- I agree to abide by the policies and procedures set forth in the ECC Parent Handbook.
- I will be responsible for my child's transportation to and from school.
- We take pictures of the children engaged in various activities during our program. These pictures are used for bulletin board displays, and our website. I give permission for my child to be photographed or filmed.
- I agree to have my phone number and address included in the Class List which is distributed to all parents and staff.
- I agree to have my email address distributed to parents and staff.

Parent's signature _____ Date: _____

Director's signature _____ Date: _____