

SCHOOL YEAR REGISTRATION FORM



Child's Name: _____ DOB: _____ Age: _____ Gender: M F

Parent/Guardian Names: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please circle the following days and times your child will be in attendance:

Monday	Tuesday	Wednesday	Thursday	Friday
7am-9am Breakfast Club	9am-1pm Preschool Session			1pm-4pm Extended Day

I agree to abide by the following regulations while my child is enrolled at Happily Ever After Home Child Care (HEAP). I understand HEAP's policies and regulations may be changed and it is my responsibility to read and understand all memos and correspondence through HEAP's online system "HI Mama" as well as notices sent home.

1. If I chose to withdraw my child from HEAP I will notify Kimberly Crouch, in writing, one month in advance of my child's final date of attendance. I understand that I am responsible for all tuition costs and associated fees during my child's attendance at HEAP and all fees incurred if I fail to notify Kimberly Crouch of my child's withdrawal in writing. Should I choose to re-register my child at any time, I understand that I will be required to pay the non-refundable registration fee again.
2. A non-refundable registration fee of \$75.00 is due upon registration.
3. No credit will be given for absences due to illness, family vacation, pandemic or when HEAP must close due to weather conditions.
4. Annual tuition rates are divided into 10 equal installments, taking into consideration five-week months, holidays, and vacations. A \$225.00 non-refundable deposit and is due upon registration which will be put towards your first month's installment. The installment payments are due the first of each month beginning in September.
5. There is a \$25 late fee for each payment received after the 7th of the month in which they are due.
6. I will be given a handbook with all policies and parental rights and responsibilities. I understand that is my responsibility to review the handbook and contact HEAP with any questions.
7. Each child who is in attendance past 1:00pm will be given a rest time as required by law.
8. I have read and understand HEAP's sick policy.
9. In the event of an emergency, HEAP has permission to administer first aid and/or obtain medical treatment which would be in the best interest of my child.
10. Should the owner and teachers decide HEAP is not the appropriate fit for my child, I will be notified, and proper procedures will be taken, based on the situation.
11. If the **state** forces closure for an extended period, or we need to close due to COVID-19 exposure, 100% off tuition will be for the current installment and no further fee will be charged until the program reopens.
12. I understand that there will be no refund in the event that the program is forced to temporarily shut down due to exposure to Covid.

A \$75.00 registration fee must be included with this form along with a \$225.00 deposit. The \$225.00 deposit will be put toward your first month's installment. Both payments are non-refundable and non-transferable.

I have read the terms and conditions above. By signing this form, I agree to abide by them.

Signature: _____

Date: _____