



## Takoma Park Child Development Center (TPCDC) Enrollment Agreement

	Child 1					Child 2					Child 3				
First Name															
Last Name															
Start Date															
Days of Care	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F
Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-age Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-age After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1. FAMILY HANDBOOK**

I read, understand and agree to abide by all policies stated in the TPCDC Family Handbook (available at [www.tpcdc.org](http://www.tpcdc.org) or upon request) and agree to all subsequent changes during enrollment of my child(ren). I understand I can obtain additional information about requirements of state-regulated child care, my rights and responsibilities as a parent, and how and where to file a complaint from <https://earlychildhood.marylandpublicschools.org/families>.

**2. FORMS**

I agree to fully complete and submit all required forms before my child/children attend the program.

**3. REGISTRATION FEE**

All new children (not just new families) are required to pay a nonrefundable registration fee of \$50 per child. If my child is new to TPCDC, I agree to pay this \$50 registration fee (which is different from the waitlist application fee).

**4. DEPOSIT**

Upon enrollment, I agree to pay a refundable deposit that is equal to two weeks of tuition per child. This deposit may be applied to a sibling's account or refunded after the child's final tuition payment is received.

**5. NOTICE OF WITHDRAWAL**

I agree to give 30 days' written notice of intent to withdraw my child(ren) from the Center. Failure to give adequate notice will result in forfeiture of the deposit(s).

6. NOTICE OF SCHEDULE CHANGE

I agree to give 30 days' written notice of intent to reduce my child(ren)'s schedule from the days of care indicated on the previous page or agreed to in writing. Tuition will be assessed at the greater rate/schedule for 30 days after notice.

7. TUITION

I agree to pay tuition monthly in the amount listed above beginning on the start date listed above. Note rates will be discounted based on the sibling discount policy: when more than one child in a family attends the Center, a 10% reduction in tuition will be given to the child(ren) with the lower tuition(s). I understand that upon written notice, tuition and any other Center fees may be adjusted during the child's enrollment. If my child(ren) attend any hours or days other than contracted herein, I must request the care in advance and pay the supplemental fees. Families participating in child care subsidy/scholarship programs may request additional information regarding programs and payment terms.

8. TUITION DUE DATE

Tuition is due on the 5th day of the month. If payment is not received by the 5th business day of the month, I am aware that a late fee of \$20 will be assessed, and that an additional fee of \$20 is due if the tuition is not paid 15 business days after it was due.

9. REFUND POLICY

I understand that no deductions or refunds of tuition will be given for absences of part of any day, week, or month due to inclement weather, holidays, illness, Center closures due to implementation of a health and safety plan, or other circumstances.

10. BLANKET CLOSURE OF CHILD CARE CENTERS

If Montgomery County or the State of Maryland requires all child care centers to close for health and safety purposes, tuition for the applicable month will be determined as follows: (a) if TPCDC is required to close between the 1st and 15th of the month, half a month of tuition will be refunded and no further tuition will be owed until TPCDC reopens. If TPCDC is required to close after the 16th of the month, no tuition will be refunded for the remainder of the month, but no tuition will be owed for additional months until TPCDC reopens.

11. RETURNED CHECK FEE

I agree to pay a \$25 fee for a returned check. If a second check is returned within 12 months, all subsequent payments must be made in cash or by money order.

12. LATE PICK-UP POLICY

I agree to the Late Pick-Up Policy and to pay the late fees as stated on the website and in the Family Handbook. Chronic late pick-up will be assessed as stated in the handbook.

13. FAILURE TO PAY

Failure to meet the financial terms of this agreement may lead TPCDC to proceed with action to collect past due fees, including the cost of collection, attorney and/or court costs.

14. PAYMENT QUESTIONS

I understand that questions or concerns regarding payments should be directed to the Center Office. If issues are not resolved, the parent may consult with the Board for final resolution.

15. PHOTO RELEASE

I hereby grant to Takoma Park Child Development Center and its authorized representatives permission to use the likeness in photographs and/or video of my child(ren) in any and all of its publications, including web-based publications, without payment or other consideration. I agree that TPCDC may use such photographs or videos for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content. TPCDC does not intend to show the faces of any children in public photographs without additional notification and release.

16. NOTIFICATION OF HEALTH CONCERNS

I agree to promptly notify the Center if I am currently aware or become aware of any physical, developmental, or mental health concerns that may affect my child's ability to participate in the program. TPCDC staff and teachers strive to support and work collaboratively with families.

17. ILLNESS POLICIES

I understand and will abide by the policies stated in the Family Handbook governing sickness as it relates to my child attending the Center.

18. FIELD TRIPS

I give my permission for my child(ren) to participate in walking community field trips as part of the program. I am aware that for other field trips utilizing public transportation or a bus, or swimming activities that I will need to sign permission for my child to participate in the activity.

19. DISCIPLINE POLICY

TPCDC strives to use a positive discipline approach that uses encouragement to help children develop self-control, independence, self-awareness, and respect for other children and teachers in a way that is appropriate to their ages and stages of development. Discipline means helping children learn to control their own behavior and solve their own problems. It does not mean punishment. TPCDC firmly believes discipline includes guidance, modeling, and redirection. Additional information about TPCDC's discipline policy is in the Family Handbook.

20. PETS

TPCDC has pets in some classrooms (type and number of pets will vary by room). Pets are placed on eye-level for the children, but they are not permitted to handle the pets or to clean pet habitats without supervision. If your child has an allergy or special need that requires the removal of their classroom pet(s), please let us know promptly. We also ask that families do not bring their pets into the Center without permission due to potential allergies.

21. RIGHT TO DISMISS

I understand that the Center reserves the right to dismiss a child who jeopardizes their physical safety and/or that of their classmates or teachers; a child whose family is unwilling to participate in mental health consultation; and/or a child whose mental health and/or social-emotional needs are not able to be met by the Center.

22. POLICIES SUBJECT TO CHANGE

I understand all policies are subject to change with two weeks' written notice.

**I/We (both parents required to sign if involved with the Center) have read and understand the terms of this agreement, the TPCDC Family Handbook, and all accompanying material.**

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Director/Office Manager \_\_\_\_\_

Date \_\_\_\_\_