



Chappell Schools Enrollment Agreement

2017-2018 School Year

Please read each section, initial and return this agreement form to the Director or Assistant Director.

(Initial)

I agree to pay a registration fee, of \$____, at the time of enrollment plus a one week deposit. I understand that the registration fee is non-refundable.	
I agree to pay a curriculum fee of \$100, is due and payable, on the first day of attendance. I understand that this fee is non-refundable and due annually.	
I hereby agree to Chappell's tuition policy and procedures regarding payment. I understand that payment is due on Friday, if by noon on Monday payment has not been received late fees will apply. If payment is not received by close of business on Tuesday, service will not be rendered until the account is paid in full.	
I understand that if my child does not attend due to illness, family emergency, or any other reason, I will be responsible to pay full tuition. I understand that <u>no</u> allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. <u>There is no credit given for single days.</u>	
I understand that I must abide by Chappell Schools one-week withdrawal policy. I understand that if I do not give a one week notice, I will lose my deposit. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current.	
I have read and understand the Safety/Emergency Procedures, which will be followed in the event an accident while my child is attending Chappell. I hereby authorize Chappell to take appropriate emergency action for the safety of my child. I understand that Chappell uses an in-house monitoring system for security purposes.	
I understand that Chappell will administer breathing treatments, EpiPen injectors, bronchial inhalers, diaper rash cream, sunscreen, lip balm, and bug repellent only if an authorization form and side effect brochure are submitted. These medicines and topicals are to be kept in their original containers and must be left with the Director or other administrator. The front desk is to be notified of any allergies or special needs for your child. We will not administer any medications without a signed authorization form.	
I have read and understand the Discipline Policy of Chappell Schools. I understand that if my child exhibits behavior that may harm him or others, I will have to keep my child out 24 hours before he can return to the center	
Children enrolled in a Chappell Center may appear with names or pictures in broadcasts, newspapers, brochures, Facebook, Chappell's websites, or any other forms of communications.	
I understand the policy that I am allowed to take one vacation week per calendar year (Monday through Friday only) after <u>three</u> months of enrollment. Fulltime enrollment only. I understand that if I am enrolled as a "returning" student (i.e. took the summer time off); vacations are still considered yearly from August to July. I understand that I must give a one week notice when requesting a vacation week. FSCJ students are not eligible for vacation. Account must have a zero balance in order to take vacation. Vacation cannot be applied to clear up past due balances.	
I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating changes in my status that would affect my agency reimbursement, and I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. I understand that I am solely responsible for the payment of tuition.	
I understand the DCF requirements pertaining to my child's immunization and physical forms and my obligation to keep these forms current or pay possible fees for fines for non-compliance. I understand that I have 30 days after my start to provide Chappell Schools with a current Florida physical and immunization form.	
I give permission for my child to participate in any events or activities that includes food that is hosted at Chappell Schools. These events include, but are not limited to: birthday parties, holiday classroom parties and classroom cooking activities that allow families to bring in outside food or activities that allow the children to prepare and eat. (No items are to be brought in that contains any type of nuts)	
I understand that Chappell employees are not allowed to babysit my child after business hours or drop off/pick up.	
I understand that Chappell is a non-smoking facility.	
I understand that all absences due to holidays closures are payable. All Chappell centers are closed and payable on the following days: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve (Close at noon), and Christmas Day. Some centers will close at 3:00 pm on New Year's Eve. Closures due to State observed holidays and days when the college is closed the centers will remain open for public parents.	
I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt services from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payment for up to three business days.	
Chappell Schools reserves the right to disenrollment at any time without prior notice given.	

Child Name: _____ Parent signature: _____ Date: _____

Center: _____ Director signature: _____ Date: _____