



Chappell Schools Enrollment Agreement

2021 - 2022 School Year

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

(Initial)

Tuition

I agree to pay a enrollment fee of \$ _____, at the time of enrollment. I understand that this enrollment fee is non-refundable.	
I agree to pay a curriculum fee of \$135, at the time of enrollment. I understand this is an annual fee that you are required to pay every year at the start of the new school year and that it is non-refundable.	
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.	
I understand the policy that I am allowed to take one vacation week per school year (Monday through Friday only) after <u>three</u> months of enrollment. I understand that I must give a one week notice when requesting a vacation week and that my account must have a zero balance. 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 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 applicable). If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current.	
Policies and Procedures	
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, side effect brochure, and physicians contact information 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 Behavior Management Protocol which includes our discipline and expulsion policies.	
I understand the DCF requirements pertaining to my child's immunization and physical forms and my obligation to keep these forms current. I understand that Chappell requires that you provide a current immunization and physical form prior to enrollment.	
I understand that Chappell is a non-smoking facility.	
Children enrolled in a Chappell Center may appear with pictures in broadcasts, newspapers, brochures, Facebook, Chappell's websites, or any other forms of communications.	
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 (We are a peanut free facility).	
I understand that Chappell employees are not allowed to babysit my child after business hours, weekends or drop off/pick up.	
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 , Christmas Day and New Year's Eve. At FSCJ centers, the centers will remain open on state observed holidays and campus breaks.	
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 unless otherwise communicated.	

Child Name: _____ Parent signature: _____ Date: _____

Center: _____ Director signature: _____ Date: _____