

PARENT CONTRACT

Please initial each section listed below, then sign and date the last page.

TUITION AND FEES

_____ REGISTRATION FEE: I understand that the payment of a non-refundable registration fee is required on an annual basis as determined by the Director.

_____ DEPOSIT FEE: I understand that the a deposit fee of **one** month will be applied to my last month of service (not re-funded), if given a proper written or verbal notice at the beginning of the month, failure to do so will result in loss of my deposit. If there's an outstanding balance on my account, my contract will be automatically terminated.

_____ TUITION AND MODIFICATIONS CONDITIONS: \$ _____ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change yearly with reasonable notice as conditions require. Tuition fee are due the Friday before services are rendered.

I have enrolled my child in the following program:
From _____ a.m. to _____ p.m.

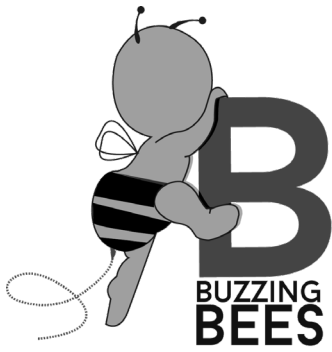
_____ PAYMENT OF TUITION: I understand that tuition is due and payable, on the Friday before services are rendered. Monthly tuitions are due in the 1st week of the month.

_____ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$45 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. Buzzing Bees cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ RETURNED CHECKS: I understand that a fee \$45 will be charged to my account for all checking account payments which are returned for any reason. If more than two checking account payments are returned within a 2-month period, It is require to pay by an alternate method of payment for next tuition payment. I am responsible for the principal amount plus all returned check fees.

_____ CHARGES AND PROCEDURE FOR LATE PICK-UP: I understand that if I fail to pick up my child/re by the scheduled contracted time, I will be charged a late fee of \$50 per child for any part of the hour. I must notify the center if I'll be late picking up my child/ren.

_____ ENRICHMENT ACTIVITIES: Buzzing Bees allows outside vendors 3-4 times yearly to promote social, Physical coordination and problem solving skills, improve children's ability to concentrate, and make learning more meaningful, valuable and FUN. I understand I may have to contribute a fee for each activity at the discretion of the Director.



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DAILY PROCEDURES

_____ HEALTH/ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the policy of the center. I have to provide a clearance Doctor's note for re-admittance.

_____ MEDICATION ADMINISTRATION: I have to submit a prescription to Buzzing Bees to administer medication to my child, medication should be in its original container, with my child's name and date. I have to notify the center of any food/drug allergies, asthma or seizures and I have to have a signed medical action plan from my child's pediatrician.

_____ PHOTOGRAPHS & VIDEOS: I will will not allow Buzzing Bees permission to take photographs and videos of my child. I understand photos and videos will be use on classroom displays, **social media, center's website, and class dojo.**

MEALS: Please inquire about our meal program based on locations.

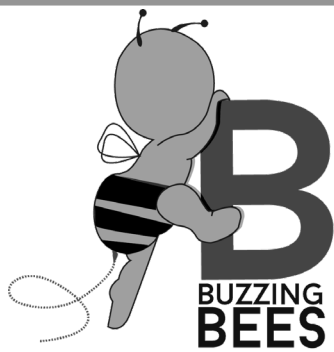
ENROLLMENT REGISTRATION INFORMATION

_____ WITHDRAWAL FROM PROGRAM: I understand that I must provide (1) month written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for (1) month, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable."

HOLIDAYS, ABSENCES, AND CLOSINGS

_____ HOLIDAYS: I understand the school is closed on the following holidays: New Year's Day, Dr. Martin Luther King Jr. Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving(Wed 12p.m, Thursday, Friday), Christmas Eve thru New Year's Day. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). Tuition will be due prior to absence with advance notice to the director, if possible. I agree to pay my tuition of \$_____ per month to guarantee my child's space when my child is not in attendance for an entire school month. My regularly contracted tuition is due in full for any month in which my child attends school, even if it's only for part of the month. There is no credit given for single days. I also understand that if I withdraw my child during a summer vacation, I will be required to pay a new non-refundable registration fee upon return.



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_____ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: 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 service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national 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 payments.

_____ BIRTHDAY CELEBRATIONS: I understand if I want my child to celebrate his/her birthday at Buzzing Bees, in lieu of a party rental fee, I would contribute an educational component to my child's classroom to promote social and emotional practices.

_____ IN HOUSE TRAINING: I understand Buzzing Bees conducts training every year on Thursdays and Fridays before Labor Day for staff development, on those days the center will be closed.

TERMS OF THIS CONTRACT

_____ INDIVIDUALIZED CARE PLANS: I understand that should my child have an IEP or IFSP, it must be shared with the director so the school can support my child's needs.

_____ BEHAVIOR MANAGEMENT: I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the Family Handbook for additional information on behavior management at the school.

_____ FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

_____ CONTRACT RENEWAL: I understand this contract will be valid for one year upon entry date. Services can be renewed yearly for a fee of \$_____. This contract can be terminated by either party if the terms the contract agreement listed above are not adhered to accordingly.

I agree to pay all costs, expenses and fees incurred by Buzzing Bees in enforcing this contract, including but not limited to, court cost and attorney's fees.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

These policies have been reviewed with me by the center's Director. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____