



**Enrollment and Financial Agreement**

**Chugiak Center**

Program Hours of Operation

Tuesday - Friday

8:30 – 12:30

907-688-2660

**Enrollment Information**

Child's Name: Last			First	Middle	Date:	
Child's Date of Birth:					Male	Female
Parent/Guardian Name:						
Physical Address:						
Mailing Address if different form above:						
Home Phone:		Work Phone:		Other Phone:		

**Health Requirements**

All children enrolled **must have** a current **physical exam**, a record of **up to date immunizations**, and a **TB Test** on file before attending the program. We also recommend that all three and four year olds obtain a dental exam.

**Preschool Monthly Rate:** \$390.00/month (Partial months of service, typically Dec, Sep and May will be pro-rated) 4 hours a day, 4 days a week. Monthly fee includes breakfast and lunch. Parents are responsible for transportation. Fee is not pro-rated for days not attended or for closures in the case of holidays or weather-related closures.

**Additional Fee**

Annual Registration Fee (refundable within 2 weeks of enrollment)	15.00
Annual Materials fees	20.00
Late Pickup: 1 <sup>st</sup> 15 minutes	7.00
Each 15 minutes thereafter	5.00
NSF Returned checks	25.00

**Payment Policy**

Tuition payment is due on the 1<sup>st</sup> day of each month preceding attendance. If payment is not received by the 10<sup>th</sup> of the month, you will be charged a late fee of 1.5% on the balance owing. Non-compliance with the terms of enrollment will result in your child being dropped from the program with all fees and deposit forfeited.

**I have read the enrollment requirements and attached rate schedule. By signing below, I understand and agree to the terms of this contract.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCS Early Learning

\_\_\_\_\_  
Date