



Toddle Inn Child Care Centers

Registration and Enrollment Contract

Enrollment Date _____

Registration paid on _____

Reg. Rec'd in form of _____

Amount \$ _____

ACH Form rec'd on _____

Termination Date _____

Center Location _____

Please Complete Entire Form / One Per Child

Child's Name _____ Birth Date _____

Physical Address _____

Number Street Town State Zip

Mailing Address _____

Parent / Guardian _____ Phone / Cell # _____

Physical Address (if different from child) _____

Preferred Email Address _____

Employer _____ Work Phone # _____

Employer Address _____

Parent / Guardian _____ Phone / Cell # _____

Physical Address (if different from child) _____

Preferred Email Address _____

Employer _____ Work Phone # _____

Employer Address _____

Emergency Contacts and People allowed to pick up child (other than parents)

Picture ID required upon pick-up for the following people

1) Name _____ Relationship to child _____

Address _____ Phone # _____

2) Name _____ Relationship to child _____

Address _____ Phone # _____

3) Name _____ Relationship to child _____

Address _____ Phone # _____

Does your child have any health conditions that we should know about? _____

Any and all known allergies: _____

Special Needs (if any) _____

Child's Physician _____ Phone # _____

Address _____ Hospital Preference _____

Family Dentist: _____ Address: _____ Phone# _____

I, _____ hereby give authorization to _____

(Parent/Guardian)

(Toddle Inn Child Care)

to obtain emergency medical treatment for my child in case of sudden illness or accident.

Signed: _____ Date _____

For Children Age Three and Above

I agree that my child be taken on field trips and that I will not hold Toddle Inn or its employees responsible for minor accidental injury to _____ resulting from transportation

(Child's Name)

to and from or attendance at field trips. Toddle Inn is fully insured for any negligence on and off school premises.

Signed _____ Date _____

(Parent or Legal Guardian)



Toddle Inn Child Care Enrollment Contract

I (we), the undersigned, do hereby contract with Toddle Inn Child Care Center to enroll _____ in their program for the period beginning _____ and ending _____.

(Child Name) (Start Date)

(One year from start date)

(Please provide a specific date of enrollment for Toddle Inn to properly plan for your child's addition to our program. A one-time enrollment adjustment of 2 weeks will be accommodated to the best of our ability. If you require an adjustment beyond this time frame, your child's enrollment will return to priority on any applicable waitlists. Registration fees are honored for up to one year.)

I (we) understand a minimum of two weeks' notice in writing is to be given to the office should this contract need to be terminated.

I (we) agree that any termination by us of the contract will not release us from responsibility for any balance due, including any reasonable costs which may be incurred in collection of said balance due.

I (we) understand that Toddle Inn hereby agrees to provide responsible care for _____ and a quality program in a safe and positive environment.

(Child Name)

The parent (s) has the right to terminate the contract if he/she is dissatisfied with childcare provided by Toddle Inn. Notice will be given to management in writing.

The parties recognize that there will be a zero-tolerance policy with regard to abuse, confrontation or harassment as defined by applicable Maine Statutory Law. Any such action directed toward a staff member or employee of Toddle Inn Child Care, Inc by a parent, child guardian or other responsible party shall result in immediate termination of the within contract.

Toddle Inn reserves the right to dismiss a child, if it is in the best interest of the child and/or the school, such as aggressive behavior, physical or emotional harm to self or others.

_____(initial) I (we) agree to supply all supplies needed or required for my child as listed in the parent handbook. If my child is over one year old, I agree to have them fed and dressed before dropping off at the center.

I (we) agree to bring _____ to the center after _____ A.M. And to pick up him /her no later than _____ P.M. I agree to pay a late fee of \$3.00 per minute beyond 5:30 P.M.

(Child Name) (7:00)

(5:30)

_____ I acknowledge The only form of payment Toddle Inn accepts is automatic withdrawal from a checking / savings account and that a completed ACH form is required prior to start date.

A registration fee in the amount of \$150.00 (non-refundable), the first week's tuition and a detailed certificate of immunization are due prior to the first week of service. Along with the \$150.00 registration fee, a Toddle Inn backpack or red Toddle Inn t-shirt will be given. All children must be re-registered each year on the anniversary date of their initial registration. A re-registration fee of \$75.00 will be withdrawn during your anniversary month, and updated registration and enrollment forms must be completed and returned, along with updated immunization records.



Toddle Inn Child Care

Enrollment Contract

(Continued)

The following Child Care Contract is binding between _____ and
(Parent Names)
Toddle Inn Child Care, enrolling _____
(Child's Name)

I require the services of this child care center between the hours of 7:00 A.M. and 5:30 P.M. For _____ days each week. My tuition payment will be withdrawn on Friday prior to the week's service. Weekly fees will not be reduced because of snow days, sickness, vacation weeks, absentee days for personal reasons, holidays or teacher workshop days.

Circle all attending
M T W TH F

(The schedule selected in this contract must be honored for a minimum of 2 weeks after enrollment, unless a 2-week prior written notice is received, and management approved.)

Any changes in scheduled days will require a written change form found at the front desk, could result in additional cost, and must be approved by management. Days may not be dropped unless on a permanent basis. Rotating schedules cannot be accommodated.

Tuition rates are subject to change with a 30-day notice.

While Toddle Inn is as vigilant as possible in working to prevent it, occasional illness and biting occurrences are unavoidable in child care settings.

If your child requires a phone call to a parent / guardian due to discipline reasons, it is expected that he/she will be picked up within the hour.

If your child is sent home 3 times within a 3-month period, Toddle Inn reserves the right to terminate child care at that time.

_____(initial) I have received and read the Toddle Inn Parent Handbook and have had all my questions answered.

Repetitive returned payment of tuition and/or fees due to NSF, will result in immediate child care termination. I have read this Child Care Contract and I understand and accept the terms.

Signed _____ Date _____
(Parent / Guardian)

Signed _____ Date _____
(Parent / Guardian)

Signed _____ Date _____
(Management)

Please Share with us how you heard about Toddle Inn Child Care Centers:



Toddle Inn Child Care

Automatic Withdrawal Form

Center Location _____

Parent Name: _____ Child's Name: _____

Number of Days Attending: _____

I authorize Toddle Inn Child Care, Inc. to automatically charge any funds owed to them from my account at the Depository Financial Institution named in the form below.

I understand that this agreement may be terminated by me or by the company at any time by written notification. Any such notification requires a 5-day period to act upon it.

I authorize the company to charge my account for the purposes of collecting tuition, re-enrollment fees and/or NSF fees, owed by me per the signed enrollment contract for services rendered.

REQUEST FOR AUTOMATIC WITHDRAWAL

I authorize Toddle Inn Child Care, Inc. to automatically charge funds owed to them from my:

CHECKING

Attach Voided Check Here (or bank letter)

OR

SAVINGS

Please attach a bank letter

To include:

Account Number, Routing Number, Name on Acct, indication of acct type (savings)

Your withdrawal will automatically change with tuition increases/decreases, additional care or at your request. During holiday weeks, Toddle Inn will deduct tuition on the regularly scheduled day.

Automatic withdrawals will be done Friday prior to service. Non-payment of fees may result in immediate termination of child care. NSF will result in a service charge of \$25.00 per incident

Signed _____ Date _____

Account Holder