

Little Wonders Learning Center & Child Care Inc. AGREEMENT _____
104 Ritz Drive Dingmans Ferry, PA 18328
55PA CODE CHAPTERS 3270.123 & 18C: 3280.123 & 181 C: 3290.123 & 181C

Name of Child: _____

Registration Fee: \$35.00 per child (Non-refundable) . You will need to re-register your child at the beginning of each school year.

Rate: _____ per week

All payments must be made at the beginning of each week regardless if your child attends on their scheduled days or not. Tuition / Co-Pay MUST always be one-week head. Your child/children will not be permitted to attend Little Wonders Learning Center & Child Care if the fees are not kept up-to date. At the beginning of the second week, if the service fees are not current your child/children will be removed from the program.

A late fee of \$20.00 per child will be charged past the hour of 6:00 pm (no exceptions will be made even if you call). This fee needs to be paid before your child returns the following morning.

A \$3.00 fee will be charged for each credit card transaction.

Vacation Time: After 1 year of continuous service each family using our 5-day program will be given a 1-week grace period for vacations. All other scheduled days must be paid. School aged children does not qualify for the 1 week vacation.

School age children: If you sign your child up to attend Little Wonders during school closings, you are responsible for the extra tuition for the day whether you attend or not. Please remember to pack lunch for the children on these days.

Arrival Time: _____ Please have your child here at 9:00 am so classes are not being interrupted. If you can't make it by that time, the next transition time is 10:00 am.

Departure Time: _____

Services to be provided as part of the child care fee:

The children will be involved in age-appropriate fun learning activities that will be planned by their teacher using the Pennsylvania Early Learning Standards.

The center will provide breakfast, and two snacks daily. Breakfast will be available from 7:30 am to 8:00 am. Please make sure your child has eaten if attending after 8:00 am. Snack will be provided at 10:00 am & 3:00 pm. WE WILL NO LONGER PROVIDE LUNCH. Please provide a healthy lunch for your child. There us a microwave in each classroom to reheat lunches if needed. Please NO cookies, cupcakes, brownies, gummy fruit snacks and like items in lunch boxes. One serving of juice will be served daily regardless of how many juice boxes you send in. Infants formula and food will be reheated in a crock pot in their room.

Parental Responsibilities include:

It is YOUR responsibility to take your child's temperature before dropping off in the morning. Parents must give at least 24 hours' notice when there is a change in drop off & pick up times, or days. If the parent works a rotating schedule, please let the Director know your work schedule the week prior so we can schedule our staff accordingly. We must follow state regulations for the child to staff ratio and your child/children will not be accepted without prior notice. Parents must call if a child is ill, and/or will not be attending on any particular day, including vacation days.

Parents are required, in writing, to let the Director know if someone other than themselves will be picking up their child from Little Wonders Learning Center & Child Care. This also includes those persons listed on the child's Emergency Contact Form. Picture I.D. is required when picking up the child/children for the first time or until the staff is comfortable releasing the child/children.

Returned Check Policy:

If a check is returned for any reason, a fee of \$ 35.00 will be assessed. This fee must be paid in cash or money order immediately following notification. If this becomes repetitive it will result in a cash or money order only policy.

Leaving the Program:

Two-week written notice (minimum) of your child/children's leaving the program is required. This policy allows us time to contact families on our waiting list. If we are not given two weeks' notice, you will be required to pay us for that period, even if your child/children are not attending. If you need your child's records to transition to another educational facility, please have your request in writing.

Our Disciplinary Policy (Dismissal Policy) is as follows:

An oral warning will take place between the child, parent(s), and Little Wonders Learning Center & Child Care Director.

A written warning will be signed by a parent and Little Wonders Learning Center & Child Care Director.

An immediate 2-week suspension from Little Wonders Learning Center & Child Care will take place. Immediate and permanent removal of the child/children from Little Wonders Learning Center & Child Care.

I Parent/Guardian:

____have received complete written program information at the time of enrollment.
(3270.121, 3280.121, and 3290.121)

____will agree to update the Emergency Contact/Parent Consent Form information whenever changes occur or every 6 months at a minimum.
(3270.124, 3280.124, and 3290.12)

Signature of Parent _____ Date _____

Signature of Director _____ Date _____

Date of Child/Children's admission _____

Date of Child/ Children's withdrawal _____

Little Wonders Learning Center & Child Care, Inc.

104 Ritz Drive

Dingmans Ferry, Pa 18328

<u>Group</u>	<u>Age</u>	<u>5 Days</u>
Infants	6 wks-12 mths	\$225 weekly
Toddlers	1 yr.-3 yrs.	\$200 weekly
Pre-K/Sch P/T	3 yrs. -5 yrs.	\$120 (5 mornings 8:45am-11:45 am)
Pre-K/Sch F/T	3 yrs. -5 yrs.	\$175 weekly

School age program 5 to 12 years old \$110 week + \$14 per day for other School closings.

Child care daily rate \$60

¹/₂ Day rates 4 hours a day \$40

School Age Summer Program \$175 (**5 days**)

School age program includes all weather-related school closings, delayed openings and early dismissals. There are NO Breaks or Vacations for this program. All holidays will be \$110, your weekly tuition, plus \$14.00 daily if your child will be here for more than 4 hours a day.

Signature: _____

Date: _____

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

AMIN. EMERGENCY MEDICAL CARE (call ambulance)	ADMIN. MINOR FIRST AID & CPR PROCEDURES
TRIPS AND WALKS	WADING/WATER PLAY

NAME:

ALLERGIES:

DOB:

Emergency Contacts (List in order of who should be called first)

Name

Phone#

Address

1.

2.

3.

4.

I have received key fobs # _____ on _____. There is a \$25.00 usage fee per key fob. There will also be a \$25.00 fee to replace a card if lost or stolen. This fee is non-refundable. These Key cards or Fobs are to be kept with you, the parents, and not given to anyone on your emergency contact. If they are lost, please inform us ASAP so they can be disabled. The fobs are to monitor clients entering and leaving the program and also for the safety of the children and staff.

Signature_____