



# HAPPY DAYS LEARNING CENTER

Pre-School and After School Care  
Agreement / Enrollment Form

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address(es) for school communications: \_\_\_\_\_

OK to publish contact information in school directory?  Yes  No

I wish to enroll my child beginning \_\_\_\_\_ for the \_\_\_\_\_ program.

Drof-Off Time: \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_

Happy Days does not discriminate against applicants on the basis of race, religion, national origin or sex.

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## Admission Agreement

1. I agree that tuition is due by the first day of each month. I have read the tuition schedule and agree to pay the stated amount. A late fee of \$5.00 will be charged for all tuition not received by the 5th day of the month.
2. I understand that Happy Days will give 30 days' notice before any change in tuition rate.
3. I understand that in order for Happy Days to provide a top-quality program, no credit is given for absences, holidays, or withdrawal. Thirty days written notice must be given before withdrawal.
4. I understand Happy Days has the right to terminate a child from the facility if the child is causing danger to the other children or staff. An interview, conference or professional evaluation will be offered and two weeks notice will be given.
5. I understand the Licensing Agency has a right to interview and observe children without prior notice.
6. I authorize Happy Days to observe and evaluate my child, to take pictures of my child only in connection with the center's program.
7. I authorize Happy Days to take my child from the center under the supervision of the staff for local walks, field trips, and other places in a vehicle and to provide transportation before and after school for public school children.
8. I hereby consent to the Director or staff of Happy Days to take necessary steps for emergency dental or medical care toward my child. This care may be given under any condition to preserve the life, limb or well-being of my child.
9. I understand that if there is legal action regarding my child, I am responsible for the cost of any legal services provided by a public defender or any attorney.
10. Upon signature of this agreement form, it is my understanding the one-time \$80.00 registration fee is nonrefundable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director/ Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_