



HAPPY DAYS LEARNING CENTER

Pre-School and After School Care
Agreement / Pre-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 OK to text? Yes Carrier _____ No

I wish to enroll my child beginning _____ for the 2s 3s 4s/5s School-Aged program.

Days: Mon Tues Wed Thurs Fri Drop-Off Time: _____ Pick-Up Time: _____

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

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 have Happy Days automatically debit my bank account/charge the credit card on file for the stated amount. A late fee of \$10.00 per day 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, termination or withdrawal. Thirty days written notice must be given before withdrawal.
4. I understand Happy Days has the right to immediately terminate a child from the facility if the child is causing danger to the other children or staff.
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, and to take pictures of my child only in connection with the center's program. I authorize for these pictures to be published in a private forum available only to enrolled families.
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 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.
9. Upon signature of this agreement form, it is my understanding the one-time \$100.00 registration fee is nonrefundable.

GENERAL LIABILITY WAIVER, MEDICAL RELEASE AND INDEMNIFICATION

I, the undersigned parent/guardian of _____, in consideration for the participation of my child in Happy Days programs under the supervision of the Happy Days staff indemnify and hold harmless Happy Days and its officers and employees from any liability arising from, or proximately caused by my participation in these programs. In making this forgoing statement, I hereby assume the risk of such programs and do so willingly with respect to my child. In the unlikely event of a medical emergency, and if I am not available, I authorize Happy Days staff to use their best discretion in obtaining medical treatment for my child. I understand and agree to be responsible for any and all costs associated with such medical services.

Parent/Guardian Signature: _____ Date: _____

Executive Director/ Director Signature: _____ Date: _____