

**LOS ALAMITOS CHILD DEVELOPMENT CENTER CONTRACT**  
**2019/2020 (school year)**

**Child's Name** \_\_\_\_\_

**Parent's/Guardian's Name(s)** \_\_\_\_\_

**I understand and agree to the following:**

1. I agree to pay monthly tuition fee of \$ \_\_\_\_\_ per month. Tuition is due on the 1<sup>st</sup> of each month. I understand that tuition is based upon the number of days school is in session per school year and that payment is divided into 10 equal payments. I understand that if the tuition is not received by the 10<sup>th</sup> of the month with the 10 month payment plan, a 10% late fee of the tuition amount will be assessed. If tuition is late 15 or more days, my child (ren) will be dropped from the program until all fees are paid.
2. I agree to pay a non refundable annual registration fee of \$ 140
3. I understand that checks returned for insufficient funds will be assessed a \$30.00 fee and all future payments must be made to the CDC in the form of cash or postal money order. If the amount is not paid in full, the CDC will turn over the dishonored check and all other available information relating to this to the District Attorney's Office for potential criminal prosecution.
4. I understand that refunds of tuition will not be made for illness or absence. I understand that if I withdraw my child or request a change of program, written notice must be given to the director two weeks prior to the withdrawal or change. Upon withdrawal from the program, I am required to pay the amount due to the CDC from the number of days my child was enrolled based upon the daily rate.
5. I agree to maintain the sign in/sign out sheet on a daily basis with a legible signature each day my child is in attendance at the CDC.
6. The preschool closes daily at 11:30AM for the morning half day program; 3:30 PM for the afternoon half day program; 6:00pm for the full day programs.  
Any child not picked up on time will be charged a late fee of \$5.00 for the first minutes or portion thereof and an additional \$1.00 per minute for any additional time over 5 minutes. I understand that if my child is left at the center for a half hour beyond closing with no parent contact, my child will be placed in the care of the local police or sheriff. I understand that after three late pickups, my child could be terminated from the CDC program.
7. I give consent for my child to receive free health screening (ages/stages, hearing, vision, dental, height, weight) by the School Readiness Nurse during the school year. \_\_\_\_\_  
Parent initial  
The information from the screening may be shared with your child's lead teacher. \_\_\_\_\_  
Parent initial
8. If a medical need arises, the program staff will contact me first and I will arrange to have my child picked up within 30 minutes. If I cannot be reached, I agree that the staff will contact an authorized adult on my child's emergency card to pick up my child. If the medical need is such that immediate and/or emergency medical attention is needed, I agree that program staff may contact the local paramedics and I will be responsible for any medical expenses incurred.
9. I understand that the Los Alamitos Child Development Center Parent Handbook is available for me to read on the CDC website.. I have read the handbook and agree to abide by the policies and procedures as stated. I fully realize that failure to comply with this agreement or the stated policies within the handbook may result in termination from the CDC program.
10. I understand that when the behavior of my child is disruptive to the program and prevents the program from being beneficial to him/her or to others, the child may be asked to be picked up within 30 minutes. If the behavior continues to disrupt the program, there will be a mandatory conference and possible termination from the program.
11. I understand that all enrollment forms must be completed in full prior to my child can be enrolled in the CDC program.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

(Parent signature)