

*Hampton University Child Development Center*  
*College of Education and Continuing Studies*  
**ENROLLMENT AGREEMENT AND STIPULATIONS**  
**2010-2011**

**PARENTAL AGREEMENT**

As the parent(s)/legal guardian(s) of \_\_\_\_\_, I/We agree to the following conditions, rules and regulations while my/our child attends the Hampton University Child Development Center. Please initial on each short line after reading each item.

1. I/We agree to pay the following fees: 1. \_\_\_\_\_

Fee	Cost	Note
Annual Enrollment Fee	\$75.00	Yearly fee due at the time of enrollment for consumable and non-consumable books, materials and other educational supplies.
Annual Enrollment Fee for each additional child in the family	\$50.00	
Full-Time Enrollment	\$125.00	Per Week
Multi-child Enrollment	\$112.50 per additional Child	Per Week
Part-Time Enrollment	\$100.00	Less than 25 hours per week
Returned Check Fee	\$25.00	One return check per family per year is allowed. All other payments must be made by money order.
Late Pickup Fee	As computed	\$20.00 for the first 15 minutes. \$15.00 per additional 15 minutes until the child is picked up.
Field Trips and Other Special Events	Varies	Costs for the trips will be given as they are scheduled.

Payment that is past due for 60 days will result in your child being removed from the Child Development Center program. If payment responsibility is fulfilled, your child may be reinstated if space permits.

Signature Required \_\_\_\_\_

2. I/We agree to make and maintain advance monthly payments for my/our child's program fees. I/We understand that monthly tuition is due in full in advance each Friday by 6:00 p.m. or Monday by 9:00 a.m. for the upcoming week. 2. \_\_\_\_\_

3. (PARENT/GUARDIAN) \_\_\_\_\_ agrees to pay the School the sum of \_\_\_\_\_ for the childcare and education services for the benefit of (CHILD) \_\_\_\_\_.

4. The Hampton University Child Development Center will provide (CHILD) \_\_\_\_\_ quality childcare and a stimulating learning environment in accordance with the School's policies and curriculum. 4. \_\_\_\_\_

White (*Payroll Officer*) Pink (*Parent*) Goldenrod (*Center*)  
 Parental Agreement 2009-2010

5. Parents of the above named child agree to enroll their child at the rate of \$125.00 per week and education services. 5. \_\_\_\_\_

---

*Parents of the above named child agree to be liable for the full tuition for the child named in this agreement. Tuition statements will be provided each month to all students. Therefore, parents must make sure the Hampton University Child Development Center has a current and true address of residence, phone number and other (emergency and non-emergency) contact information at all times.*

---

6. I/We agree that upon enrollment, my/our child is given a complete physical examination by a licensed physician and is properly immunized as required by the State Department of Health and Social Services. I/We understand documentation is to be given to the school upon registration. 6. \_\_\_\_\_

7. In the event of illness, signs of a cold, or other infectious disease, I/we will not bring my/our child to school. We further agree that if my/our child becomes sick at school, she/he will be picked up within one hour of notification. 7. \_\_\_\_\_

8. In the event of hospitalization or extended at-home illness, I/we understand that my/our child will be given one (1) week or 5 consecutive days of sick leave whereby tuition for that week is vacated. However, a valid doctor's excuse must be given to the Director upon your child's return to the school. I/We understand that the week of your child's illness will be deducted from your final tuition payment in May. All other weeks must be paid as scheduled. 8. \_\_\_\_\_

9. In the event of an emergency, the school has my permission to administer first aid or to obtain medical treatment in my/our child's best interest. 9. \_\_\_\_\_

10. I/We understand that the Hampton University Child Development Center will only administer dated, labeled, prescribed medications or physician prescribed medication. I/We must complete an Administration of Medication form with each prescribed medication. 10. \_\_\_\_\_

11. I/We agree to bring my/our child into the school building and see that she/he is under supervision before leaving the premises, and to re-enter the building when picking up my/our child. I/We will make sure the teacher on duty knows I have signed out and taken my child from the building. 11. \_\_\_\_\_

12. I/We agree to adhere to the arrival and departure procedures of the Hampton University Child Development Center posted above the sign-in sheets. 12. \_\_\_\_\_

13. I/We understand that the Hampton University Child Development Center is open from 7:00 a.m. until 6:00 p.m. Late fees are charged and due on pickup if I am late picking up my child. Non-payment within 48 hours will result in temporary removal. 13. \_\_\_\_\_

14. I/We understand that in the event of inclement weather, we may tune in to the local television and radio stations for information on school closings and delays. Students must not be brought to school until opening time. 14. \_\_\_\_\_

15. I/We understand that if my/our child has three or more biting incidents in one week, she/he will be removed from the school for one week. If the child returns to school after one week of at-home interventions and continues to bite, my/our child will be withdrawn from the Hampton University Child Development Center. 15. \_\_\_\_\_

16. I/We understand that the Hampton University Child Development Center has permission to call me/us if the child has disruptive or uncontrollable temper tantrums. I/We understand that we may be asked to take my/our child home for the day. A conference with the teacher and/or Director will be necessary. If the child returns to school after at-home interventions and continues to display uncontrollable behavior, my/our child will be withdrawn from the Hampton University Child Development Center. 16. \_\_\_\_\_

17. I/We certify that I/we have read, understand, and agree to all the regulations of the Hampton University Child Development Center concerning the operations, procedures, tuition and fees. I/We understand that deliberate misrepresentation may cause immediate dismissal of my/our child from the Hampton University Child Development Center 17. \_\_\_\_\_

18. I/we understand that we must report their exposure to communicable diseases or the occurrence of those diseases in the family. The report to the Hampton University Child Development Center should be received within 24 hours of the obvious symptoms of infections. 18. \_\_\_\_\_

19. I/We understand that are child must be potty trained to attend the Hampton University Child Development Center. 19. \_\_\_\_\_

Parent(s)' or Guardian(s)' Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Director or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hampton University Child Development Center  
EMERGENCY INFORMATION FORM  
2009 - 2010**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_ M \_\_\_ F \_\_\_ Race \_\_\_ Child's Age: \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Emergency Phone Number(s) \_\_\_\_\_

Father's Emergency Phone Number(s) \_\_\_\_\_

*List in priority order the persons, other than yourself, you want us to contact in case of an emergency.*

NAME OF CONTACT	RELATIONSHIP	ADDRESS	PHONE NUMBER

1. The Hampton University Child Development Center will notify the above named persons in the event of an illness or emergency. The persons listed above agree to pick up your child as soon as possible, preferably within 20 to 30 minutes after notification in the event of an emergency situation. (INITIALS \_\_\_\_\_)
2. The parent/guardian authorizes the Hampton University Child Development Center to obtain immediate medical care if any emergency occurs, and none of the emergency contacts can be reached. (INITIALS \_\_\_\_\_)
3. If an emergency should occur, the parent/guardian requests/authorizes the Hampton University Child Development Center to contact \_\_\_\_\_, my child's physician. The physician's telephone number is \_\_\_\_\_. (INITIALS \_\_\_\_\_)
4. If an emergency should occur, the parent/guardian requests/authorizes the Hampton University Child Development Center to have emergency room doctors examine and treat my/our child for such emergencies as need may arise. Exceptions to treatments, if any are: \_\_\_\_\_ (INITIALS \_\_\_\_\_)

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Sponsor's Social Security Number (if military) \_\_\_\_\_ Name \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Date of last DPT or Tetanus \_\_\_\_\_ Chronic Illnesses \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_