

CALIFORNIA ENROLLMENT AGREEMENT



Welcome to Knowledge Universe (KU)!

You've made a great choice for your child! We're honored to become a part of your child's early learning experiences—and we're excited to get to know you, your family members, and the other important people in your child's life.

This enrollment form ensures that we all have the best start possible. We also need this information to comply with child care licensing regulations. (Please don't hesitate to request a copy of those regulations if you'd like.) We'll also set up a time to review our Family Handbook with you very soon.

The most important thing we want you to know is this: We are committed to making your time with us a positive one. Please call us any time, no matter how small your question may seem—especially in the first few weeks, as your family gets used to a new routine.

Welcome again! We're so glad you're here.

TELL US ABOUT YOUR CHILD

First Name	Middle	Last	Nickname
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Language spoken at home	
Child's home address			Home phone
Please list family members your child lives with, including the names and ages of siblings:			

TELL US ABOUT YOU

The safety of children in our centers is our top priority. Center staff will release your child only to the parents and guardians listed—or to the other emergency contacts you authorize below.

If you do need to authorize a new pickup person by phone, you may do so—but we will ask you to answer the two security questions you provide here to verify your identity. For your child's safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.

Parent / Guardian	Relationship to child	Cell phone
Home address	Email address	Home phone
Employer and address	DL number and state	Work phone
Parent / Guardian	Relationship to child	Cell phone
Home address	Email address	Home phone
Employer and address		Work phone
Security Questions (2 Required)	Question _____ Question _____	Answer _____ Answer _____

WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD (18 or older)?

	Authorized Emergency Contact 1	Authorized Emergency Contact 2	Authorized Emergency Contact 3	
Name				The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.
Relationship				
Address				
Phone				
Alternate phone				

OFFICE USE ONLY	CENTER/SITE #	START DATE	FAMILY/CASE/FILE #	CLASS
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Date revision effective page 1 (Enrollment Information) _____

Parent/Guardian Signature _____

Center Director Signature _____

Care Information

Child's Name _____

Height	Weight	Hair color	Eye color
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Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

- Physical therapy
 Speech therapy
 Occupational therapy
 Applied Behavior Analysis
 Other: _____
 Mobility device
 Communication device
 Feeding tube
 Visual support
 Auditory support

Would you like your child's therapists to deliver services at the center? Yes No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

MY CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider name	Practice / Clinic name
Provider address	Phone
Preferred hospital / clinic	
Dentist name	
Address	Phone
Health Insurance Provider and policy number	

MY CHILD'S ALLERGIES

<input type="checkbox"/> Medications _____	Reaction _____
<input type="checkbox"/> Food _____	Reaction _____
_____	_____
_____	_____
<input type="checkbox"/> Respiratory _____	Reaction _____
<input type="checkbox"/> Bee sting _____	Reaction _____
<input type="checkbox"/> Other _____	Reaction _____

Are any of the allergies severe or life-threatening? Yes No (If yes, please talk to your Center Director about completing an allergy plan.)

MEDICAL ACKNOWLEDGMENTS

- Medication** I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
- Immunizations** I will provide the center with updated immunization information or an exemption for my child.
- Nurse/Health Consultant** Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the nurse/health consultant.
- Illness** If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Family Handbook.
- Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
 - Consult the physician or dentist named above.
 - Administer first aid and/or cardiopulmonary resuscitation.
 - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
 - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
 - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

Date revision effective page 2 (Care Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

Schedules / Transportation / Tuition

Child's Name	Child's Date of Birth
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CENTER HOURS

The center is open from _____ a.m. to _____ p.m., _____ through _____.

Most centers will be closed New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and day after, as well as Christmas Day. We also dedicate time every year for professional development. Your Center Director will inform you when your center will be closed for these training days. The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather or other emergency. Tuition is not reduced as a result of center closures.

TRANSPORTATION INFORMATION *(For School-Age Children Only)*

School	Grade	School phone
School address	School start time	School end time
Transportation provided by: <input type="checkbox"/> Elementary School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Center <input type="checkbox"/> Other (specify) _____		

SCHEDULE AND TRANSPORTATION ACKNOWLEDGMENTS

- Transportation Changes** I agree to notify the center if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
- Regular Schedule** Tuition is based on the child's regular schedule. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days, except for pre-arranged "reservation weeks."
- Absences** I will notify the center by 9:00 am when my child will be absent.
- Child Not Picked Up** If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 60 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.

TUITION AND FEE INFORMATION

My Tuition is: Weekly Monthly

TUITION	DISCOUNT/ADJUSTMENT TYPE (if applicable)	DISCOUNT	LEARNING ADVENTURES TUITION	TOTAL TUITION
\$ _____	_____	\$ _____	\$ _____	\$ _____

- Late Payment Fee** All tuition is due in advance of services rendered. Online and in-center tuition payments are due on or before close of business the Friday prior to service. If tuition is not paid by 11 PM PT the Wednesday immediately following the payment due date, a late fee of \$25 will be charged. The terms of this agreement, including the fees, are subject to change in whole or part by KU with 30 days notice. This agreement may be terminated by KU at any time.
- Registration Fee** A nonrefundable annual registration fee of \$ _____ is due at the time of enrollment and payable each year on or before September 1. If your child is withdrawn from the program and later re-enrolls, a new registration fee is due at that time.
- Reservation Week Fee** If you know your child will be absent for a full week, you may use a reservation week instead of paying full tuition. Reservation week fees are equivalent to a _____ % discount on full tuition. Your center offers _____ reservation weeks per year.
- Late Pick-Up Fee** A late pick-up fee will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after-hours service, nor will the late fee be applied toward tuition. A late pickup fee will be charged as follows:
 - If the child is picked up during a grace period of _____ minutes, there is no late fee. After this grace period has expired, late fees will be applied in 15 minute increments according to the following schedule:
 - After the grace period (if applicable), a late pickup fee of \$15 will be charged for the first 15 minutes.
 - A late pickup fee of \$15 will be charged for each additional 15 minute increment.

This fee schedule will be repeated for each additional hour. Chronic lateness at closing time may be grounds for termination of service.
- Additional Fees** Your child may have the opportunity to participate in special programs, summer programs, or field trips with an additional fee.
- School-Age Care Fees** If your child regularly attends elementary school but school is not in session due to a school holiday, closure, or early release, he or she may attend a full/half day at the center for an additional \$ _____ per day or \$ _____ per half day. When school is not in session for the entire week, full-time tuition is \$ _____ per _____.

SCHEDULED ATTENDANCE AND MEALS

DAY	HOURS OF CARE (e.g., 8 am–5 pm)	MEALS (please circle)	MEAL DEFINITION:
Monday		B A L P	B = Breakfast
Tuesday		B A L P	A = AM Snack
Wednesday		B A L P	L = Lunch
Thursday		B A L P	P = PM Snack
Friday		B A L P	

Date revision effective page 3 _____
 (Schedules/Transportation/Tuition)
 Parent/Guardian Signature _____
 Center Director Signature _____

Center Number: _____

Knowledge Universe Employee Number (for employee discounts): _____

Parent/Guardian Signature _____

Date _____

Child's Name

FINANCIAL ACKNOWLEDGMENTS

1. Payment Authorizations I authorize Knowledge Universe to:
• Use my tuition and fee payment checks to initiate electronic debits to my checking account.
• Attempt to collect on returned checks up to two additional times.
• Electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law.
• Initiate one-time ACH debits to my checking account for any amounts owed that become past due (upon written notice from the center.)
My payment authorizations will remain in effect until I give the center written notification to terminate the authorization.

2. Financial Obligations
As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.
Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check. Families with returned check activity may be subject to immediate termination of services.
Any prepaid balance of \$25 or less which remains at the time of my child's disenrollment will not be refunded unless requested in writing within 90 days.
Two weeks' written notice is required prior to the last day of attendance. If I do not give two weeks' written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance.

PHOTOGRAPHY OF CHILDREN

I give permission for my child to be photographed and videoed in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications.
Parent/Guardian Initials

OTHER TERMS

Assessments and Screenings
I give permission for my child to participate in early learning assessments and screenings administered by KU. The results of these assessments will be used by KU to measure my child's progress and may be used to evaluate, market and update KU's programs. I will have access to all results of these assessments.

Babysitting
We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. KU is not responsible for those services.

Communications
I give KU permission to communicate with me by telephone, text, e-mail, or other means. I understand KU's privacy policy applies to the information I provide (www.kueducation.com/us/privacy-policy).

Resolving Disputes
We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

California Department of Social Services (CDSS)
The CDSS or other public agencies authorized by CDSS to assume such responsibilities shall have the authority to interview children or staff, and to inspect and audit school records without prior consent. The Center shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the Center. The Department shall also have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

I have read, understand and accept all of the terms in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. Center management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days' notice.

This Agreement will begin on

Primary Parent/Guardian Signature Date

Center Director Signature Date

OFFICE USE ONLY
[] Immunization Information
[] Medical Information form, if applicable
[] State-specific licensing forms, if applicable
[] Family Handbook (new enrollees only)
[] Infant or Toddler Intake Form, if applicable
[] Income Eligibility Form, if applicable

Date revision effective page 4
(Financial & Other Terms)
Parent/Guardian Signature
Center Director Signature