

**Jefferson Christian Academy**

**Contract for the Early Learning Center**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Age \_\_\_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_ Admission Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Father/Guardian** **Mother/Guardian**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individuals authorized to pick up my child or for emergency contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Ph. \_\_\_\_\_\_\_\_\_\_ Wk \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Ph. \_\_\_\_\_\_\_\_\_\_ Wk \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Ph. \_\_\_\_\_\_\_\_\_\_ Wk \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Ph. \_\_\_\_\_\_\_\_\_\_ Wk \_\_\_\_\_\_\_\_\_\_

1. In return for services I receive, I agree to pay $\_\_\_\_\_\_\_ weekly on Monday to Jefferson Christian Academy.
2. I have read the Parent Handbook and Information and agree to abide by all the policies and procedures listed.
3. I hereby release Jefferson Christian Academy from any liability for injuries or illnesses resulting from conditions or circumstances beyond the control of Jefferson Christian Academy.
4. I understand that Jefferson Christian Academy will assume responsibility for my child ONLY when he/she is delivered into the center and is acknowledged by the center personnel.
5. I have read and signed the attached enrollment contract.

I have read and fully understand statements numbered 1, 2, 3, 4 & 5.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

Name of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHR-CDC-739

Revised 1/01

**CHILD’S PREADMISSION RECORD**

**This sections if to be completed by the child’s parent or guardian.** This form must be kept in the child’s file in the Child Care Facility (home/center).

|  |  |
| --- | --- |
| Child’s Name: | Name child is known by: |
| Child’s Birthdate: | Child’s home address: |
| Name(s) of parent(s)/guardian(s): | Home telephone number: ( ) |
| Address of parent(s)/guardian(s): |
| Mother’s employer: | Father’s employer: |
| Employer’s address: | Employer’s address: |
| Employer’s telephone number: ( ) | Employer’s telephone number: ( ) |
| List telephone numbers such as beeper, cellular phone, etc. | Instructions regarding how parent/guardian may be reached in an emergency: |

**Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **Address** | **Telephone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of child’s doctor: | Address: | Telephone number: |

**Emergency Authorization:**

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give my permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**Form not valid without signature of child’s parent/guardian**

Page one of two – form not valid without second page

*Child’s Preadmission Record (continued) – page two of two – form not valid without first page*

**Church Affiliation**

|  |  |
| --- | --- |
| Father | Mother |

**How did you find out about our center? (Referred by)**

|  |
| --- |
|  |

**Describe any special needs or instructions below:**

|  |
| --- |
|  |
|  |
|  |

**Person(s) the child may be released to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Child** | **Address** | **Telephone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the childcare facility assumes full responsibility for such activities.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Signature of parent/guardian Date*

I give my child permission to participate in: (Circle yes or no and sign each line)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activities away from the facility: | yes | no | Signature of parent/guardian | Date |
| Transportation provided by the facility: | yes | no | Signature of parent/guardian | Date |
| Swimming/wading activities provided by the facility: | yes | no | Signature of parent/guardian | Date |

**Form not valid without signature of child’s parent/guardian in each space indicated above.**

**This section to be completed by the facility’s staff.**

Child’s first day of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s withdrawal date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Additional information may be attached.*

**Enrollment Contract**

1. Financial Information: Tuition is billed on a weekly basis and is expected to be paid on Monday morning at drop off. Tuition may be paid weekly, bi-weekly or monthly as long as it is payment in advance. Students leaving the Early Learning Center (ELC) at Jefferson Christian Academy must give a two week notice. If you do not plan for your child to stay at the ELC for the duration of those two weeks, you may pay the tuition for those two weeks.

A. Any account 15 days past due is considered delinquent. Any account 60 days past due will automatically terminate all students’ privileges provided by Jefferson Christian Academy until such time the account is satisfied. A late fee of $10.00 per month will be assessed on any account is cleared. Any account turned over to an attorney for collection will be subject to court, attorney fees and any other charges incurred in the collection process.

B. Checks returned to Jefferson Christian Academy from a bank marked “insufficient funds” must be picked up immediately upon notice and will be subject to a $27.00 return check fee, according to Alabama State Law. Two returned checks in one year will terminate check acceptance privileges.

C. Jefferson Christian Academy reserves the right to suspend admission privileges at any time following the 15th day past the account balance due date.

1. School Rules: Student’s enrollment in the Early Learning Center at Jefferson Christian Academy is subject to the general statements, rules, regulations, conditions, traditions, and financial terms contained in the School’s Parent/Student Handbook and other published documents, which may be amended from time to time. The Parent/Student Handbook is available online at www.jeffersonchristian.org. Parent acknowledges that Parent and Student must abide by such School rules and guidelines and that the school reserves the right to enforce the policies and the “spirit thereof” regarding student accountability.
2. Termination of Student’s Attendance: Jefferson Christian Academy has the right, in its sole discretion to suspend or terminate the attendance of any student for reasons set forth in the Parent/Student Handbook (or other published document), for reasons the School administration considers detrimental to the School community, student, or to other students of the School; for the Parent’s failure to pay all or any part of the Parent’s financial obligations for Student’s attendance (including any amounts charges on Student’s account with the School); or for Student’s failure to maintain satisfactory academic performance.
3. Transcripts/Records: All accounts must be paid in full before records and transcripts can be released or transferred. Student will not be allowed to continue to attend classes unless tuition and fees are paid by stated deadlines (or until Parent makes other written arrangements acceptable to the School). The School shall have the right to take such legal action as it may deem appropriate to collect all amounts which are not paid when due. In the event that the School takes legal action to enforce the terms of this Contract, Parent shall be responsible for all costs, including reasonable attorney’s fees and costs (whether incurred before, during, or after the filing of a lawsuit).
4. Non-Discriminatory Policy: Jefferson Christian Academy does not discriminate on the basis of race, color, nationality, ethnic origin, or religion in the admission to or administration of its educational, financial or athletic programs.
5. School/Family Cooperation: A positive and constructive relationship between the School and Parent is essential to the fulfillment of the School’s educational purpose, mission, and philosophy. Thus, the School reserves the right to dismiss Student at any time if, in the judgment of the Head of the School (or his designee), conduct of anyone directly associated with Student, including but not limited to Student’s Parent, in or out of the School, is not in keeping with the School’s accepted standards or principles; or makes such a positive and constructive relationship impossible; or otherwise interferes with the School’s accomplishment of its educational purpose. There will be no refund of tuition or fees where such dismissal occurs and any unpaid balance is payable in full according to the terms of this Contract.
6. Emergency Medical Authorization: If, in the opinion of a properly licensed and practicing physician, Student needs medical or surgical services which require Parent’s pre-authorization or consent, Parent hereby authorizes, appoints, and empowers the School to act as Parent and furnish such consent on Parent’s behalf. Parent confirms that it is Parent’s desire that Student be furnished with such medical or surgical services as soon as reasonably possible after the need arises. Parent hereby releases and holds the School harmless from any liability which might arise from the giving of such consent. Parent agrees to reimburse the School for any medical expenditure made on Student’s behalf.
7. Damage by Student: Parent agrees to be responsible for all damages and/or losses incurred by the School caused by Student, including damage to property, person, medical care, or lost wages.
8. Photos and Images: The Parent agrees to allow the Student’s name, photograph, voice, image, and information to be used by the School for use in the School’s publications, promotion materials and website, without compensation and without prior notice. Parent also allows Student to be interviewed by the media on campus or at school-related events. Parent releases and holds the School harmless from any liability stemming from the use of the Student’s name, photograph, voice, image, or information.
9. Reimbursement for Domestic Legal Issues: Parent understands and agrees that the School’s primary purpose is to provide educational opportunities to the students within its institution. Parent also understands that it is disruptive to the School for a Parent to involve the School (or any of its employees) in domestic legal disputes between the Parents and that the School often must pay for legal fees and costs associated with such issues. Therefore, Parent agrees to promptly reimburse the School for all expenditures incurred by the School as a result of Parent’s domestic legal disputes, including, but not limited to: parental disagreements about Student’s education or placement; divorce proceedings; custody proceedings; and/or modifications of custody proceedings. Costs incurred may involve reasonable attorneys fees/costs to prepare for and/or attend depositions, trials, or hearings; communication with Parent or Parent’s counsel, guardians ad litem or attorneys ad litem; respond to subpoenas; draft letters or motions; and perform research. Costs include the cost of copying documents, providing records, engaging substitute teachers or temporary employees, computerized research, and travel expense. Parent agrees to reimburse School for such fees/costs within thirty (30) days of School billing Parent for such expenses. Any dispute between the Parents regarding which Parent may owe which portion of the bill should be resolved between the Parents so that the bills for reimbursement to the School can be paid on a timely basis. Parent’s failure to pay such fees/costs promptly will result in dismissal of the family from the School.

\***Both parents must sign**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of Father (or legal guardian) Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of Mother (or legal guardian) Date

Father’s Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_