



Please read, review and then initial after **each** policy statement. Your signature is required at the end of this contract. Your initials and signatures ensure that our parents receive and understand all of the pertinent information regarding their child’s care at UDCC.

I.POLICIES

- A. I have read and am familiar with UDCC’s Assessment Policy _____
- B. I have read and am familiar with UDCC’s Crisis & Disaster Response Policy _____
- C. I have read and am familiar with UDCC’s Health & Safety Policy _____
- D. I have read and am familiar with UDCC’s Parent Handbook _____
- E. I have read and am familiar with UDCC’s Pesticide Policy _____
- F. I have read and am familiar with UDCC’s Pet Policy _____

These policies are located in the hallway near the sign-in sheets and in the center office

II.HOURS OF OPERATION, HOLIDAYS AND CHILDREN’S SCHEDULES

- A. A parent’s full signature and daytime phone number is required each day on the sign in sheet. Parents must sign their children in and out every day. _____
- B. As per Washington State Law, a child should not be in care for more than 10 hours per day. If your child is in care for more than 10 hours per day we will meet with you to plan a reduction in the number of hours. _____
- C. University District Children’s Center requests that all children arrive before 10 AM, so that they don’t miss out on scheduled activities and outings. Parents who bring children after 10 AM without prior notice may be asked to find alternate care for the day. _____
- D. University District Children’s Center is open Monday - Friday from 7 AM to 6 PM. A late fee of \$1.00 per minute will be charged for each child left after 6 PM. Payment should be made directly to the staff person in charge of closing the center. _____
- E. Parents are requested to notify the Program Director of changes to the following items:
 - 1. Schedule of approximate hours child will be in care each day.
 - 2. The days the child will be absent due to illness, vacation, etc. Please call before 10 AM if your child will not attend class. _____
- F. I have received a copy of the UDCC Holiday Closures _____
- G. I understand that my child cannot be picked up from the center by any person whom I have not authorized in writing prior to pickup and who does not present photo identification to staff. _____
- H. For the first day of a major snowstorm, UDCC follows Seattle Public School District decisions regarding center closure. School district closures are announced on local morning radio and television news. On subsequent days of a major snow, if the storm persists and traveling is dangerous, the center may remain closed. There will be a message on the center answering machine (206) 632-5189. Be sure to call the center for the latest information in the morning before you leave home. _____

III. TUITION, FEES, AND PAYMENT POLICIES

A. Monthly Tuition _____

Please check the tuition page for current rates.

B. Part-Time Fees / Extra Days

Per day Rate Available to UDCC part-timers on a space available basis. The standard fee for drop off care is \$75.00 per child. _____

C. Tuition is the same amount every month. Credit is not given for absences due to vacations, illness, center closures, etc. _____

D. Additional Fees include:

a) a one-time registration fee of \$75 per child due upon enrollment

b) a deposit of \$100 per child due upon enrollment.

This \$100 deposit is refunded only if the center receives written notice one calendar month prior to withdrawal of your child. This notice must be co-signed by the director. _____

E. Tuition is due on the first of the month. Payment is considered delinquent after the tenth of the month, at which time a \$25 late fee will be charged. (This fee will be waived if arrangements are made with the Director on or before the 10th). _____

F. I understand that when the 10th of the month falls on a weekend, my payment is due by the preceding Friday, or I will be subject to the \$25 late tuition fee. _____

G. I understand that if my child is absent due to illness, vacation or part-time enrollment payment is still due on the tenth. _____

H. If my account is still delinquent on the last day of the month, my child will be excluded from the program until the account is paid in full. _____

I. Bi-monthly payment plans can be arranged if necessary. This must be arranged with and approved by the Director in writing. If payment is not received on the arranged dates a \$25 late fee will be charged. _____

Monthly tuition for my child is: _____

By signing below I agree that I will follow all policies and procedures listed in the parent handbook as well as policies A-F listed on page 1.

I have read and agree to all of the above conditions and to the University District Children's Center policies and procedures as stated.

Signature

Date

Print your Name

Print your child/children's names

Registration: Paid _____
Date

Check #

Deposit: Paid _____
Date

Check #