

Twice as Nice Preschool  
792 Valley Road  
Middletown, RI 02842  
Phone: (401) 841-5357 Fax: (401) 848-7521  
Email: [shannond@newportymca.org](mailto:shannond@newportymca.org)

**ENROLLMENT AND TUITION CONTRACT  
ACADEMIC YEAR 2011-2012  
(September 2011 to June 2012)**

The undersigned Parent(s) or guardian(s) (hereinafter referred to as the "Parent") consent to and desire to enroll a child in the Twice as Nice Preschool (hereinafter referred to as the "Preschool") subject to the terms and conditions as set forth herein. **I/We understand that this document constitutes a binding and enforceable contract with legal significance. I/We agree to be bound by the following terms and conditions:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Terms and Payments:**

**Registration Fee:** A non refundable registration fee of \$50.00 is required at time of enrollment.

**Tuition:** The Parent agrees to pay an annual tuition of: \_\_\_\_\_ for one Full/Half Day class position. Tuition is a fixed annual amount based on the 2011-2012 Twice as Nice Academic Calendar and is divided into 10 equal payments. Tuition is due on the fifth (5<sup>th</sup>) day of each month beginning in September and ending in June. The parent hereby agrees to pay the total of monthly equal payments at the times stated herein. The Parent understands that no deductions will be made for absence, illness, vacations, withdrawal without proper notice, suspension or dismissal for any reason. It is understood that the Preschool reserves the right at all times, for any cause considered sufficient by the

preschool, to suspend or dismiss the child. Extracurricular activities and field trip costs are not included in tuition. If the preschool and the parent determine that the child requires additional services, the parent will be responsible for payment.

**Withdrawal:** In the event a child's enrollment is terminated, the parent shall provide at least two(2) weeks prior written notice to the preschool. Upon receipt of proper notice and satisfaction of tuition payments to the date of receipt of the notice, the preschool will adjust the remaining tuition balance to zero on the first of the next month. No allowance or deduction will be made for the LAST EIGHT WEEKS of the school year. It is specifically agreed that the failure to provide the preschool with proper written notice of withdrawal and/or satisfaction of tuition payments constitutes complete and knowledgeable waiver of the adjustment of the remaining tuition and that the parent shall be obligated to pay the full year tuition immediately.

**NON-PAYMENT:** Upon non-payment of any tuition obligation, the remaining installments due hereunder shall immediately become due and payable and the Parent shall be jointly liable for the amount due and hereby waives notice of nonpayment and demand. The Parent hereby agrees that in the event of non-payment, the Preschool may take all steps necessary to enforce the terms of this Enrollment and Tuition Contract and, to this end; the Preschool shall have the right to employ counsel at the Parent's expense. The Parent shall either make direct payment of all reasonable fees of such counsel or shall reimburse the Preschool for any such payments made upon presentation of the amount due.

**GENERAL:** If any provision of this contract is held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect. This contract shall be construed and governed in accordance with the law of the State of Rhode Island. This contract constitutes the entire agreement between the Preschool and the Parent. Oral changes shall be of no effect upon this agreement. This contract may only be altered in writing.

**THE PARENT HAS REVIEWED ALL TERMS AND CONDITIONS AND UNDERSTANDS AND ACCEPTS ALL TERMS AND CONDITIONS HEREIN. THE PARENT HEREBY AGREES TO ENROLL THE NAMED CHILD AND WILL ABIDE BY ALL CONDITIONS SET FORTH HEREIN. THE PARENT ACKNOWLEDGES THAT ALL PARENTS AGREE TO ESTABLISH A POSITIVE AND CONSTRUCTIVE RELATIONSHIP WITH THE PRESCHOOL.**

---

Parent/Guardian Signature

---

Parent/Guardian Signature

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_  
Printed Name Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone (day)

\_\_\_\_\_  
Telephone (day)

\_\_\_\_\_  
Telephone (evening/cell)

\_\_\_\_\_  
Telephone (evening/cell)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

-----  
-----

Date Received: \_\_\_\_\_

Accepted by: \_\_\_\_\_  
Twice As Nice Preschool

### Withdrawal Procedure

If you plan to terminate your child's enrollment for whatever reason, you must provide us with two weeks written prior notice of your intention. This allows us time to register another child in your child's space, and to help in the adjustment of your child and his/her classmates to the transition. Without two weeks written prior notice, no adjustment to your account will be possible.

### Home-School Transition

#### Separations

Because children are individuals, they tend to respond in different ways to the first days and weeks of preschool. Many children will become acclimated to

Twice As Nice Preschool quickly and will not be the least bit concerned with saying good-bye to Mom and Dad. Some children may be apprehensive initially but rapidly adjust to the new environment. A few children will take longer to adjust. The Staff of Twice As Nice Preschool will assist families in making this transition as smooth as possible. At Twice As Nice Preschool, to accomplish this, we do the following things:

- Before enrollment, families are encouraged to come for visits with their child so the child can investigate the environment with the security of a nearby parent. You will be invited to attend an open house prior to the start of school where your child will be able to see his/her cubby and meet the teacher and some classmates.
- Adjustment to school will be easier if your child is prepared for it. In addition to visiting with your child, you should begin talking with your child about going to school several weeks before the first day of school.

**TWICE AS NICE CHILD CARE CENTER  
Newport County YMCA  
792 Valley Road  
Middletown, RI 02842  
(401)-841-5357  
APPLICATION FORM**

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

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Date of Birth** \_\_/\_\_/\_\_ **Male**\_\_ **Female**\_\_

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Other Children** \_\_\_\_\_

**Dear Parent/Guardian:**

In order for any child to attend school in Rhode Island, it is ***mandated*** that a ***Physician's Record of Immunization and Pre-admission Examination*** be provided to school officials.

Please have the attached form completed by your physician and return it to school.

In addition, will you please respond to the questions listed below concerning your child. Kindly sign this page, date it, and return it to school.

**Child's name:** \_\_\_\_\_

Has your child had a tuberculin skin test? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Date: \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_

Has your child had a lead screening test? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Date: \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_

Has your child ever visited a dentist or dental clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any conditions which should be brought to the attention of teachers and/or nurse in school, e.g. allergies, seizures, surgery etc?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

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

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Twice As Nice Childcare Center**

**Authorization for Photography**

I give my permission for my child \_\_\_\_\_ to  
Be photographed. I understand that these photographs may be displayed at  
Twice As Nice and may also be used in advertisement, with parental  
permission.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Field Trip Permission**

I \_\_\_\_\_ give the Newport County YMCA  
permission to take my son/daughter on field trips during the school year. I  
will be notified and may take part in the field trip if I wish.

**Milestones**

Has your child learned to:

- |                                       |    |     |     |
|---------------------------------------|----|-----|-----|
| 1. Say nursery rhymes?                | No | Yes |     |
| 2. Sing songs?                        | No | Yes |     |
| 3. Listen to stories?                 | No | Yes |     |
| 4. Say his or her name?               | No | Yes |     |
| 5. State his or her age?              | No | Yes |     |
| 6. Recognize and name common objects? | No | Yes |     |
| 7. Follow simple directions?          | No | Yes |     |
| 8. Count?<br>far?_____                | No | Yes | How |
| 9. Balance on one foot?               | No | Yes |     |
| 10. Throw and catch a ball?           | No | Yes |     |
| 11. Ride a tricycle?                  | No | Yes |     |
| 12 Draw a person?                     | No | Yes |     |
| 13. Write his/her name?               | No | Yes |     |

What do you hope will be included in your child's preschool program?

Personality and Social Relationships:

Child's Name: \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

By nature, is he/she: friendly \_\_\_ aggressive \_\_\_ shy \_\_\_ withdrawn \_\_\_

What makes him/her mad or upset? \_\_\_\_\_

Are there any situations the child finds difficult? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

How does he/she show his/her feelings? \_\_\_\_\_

What do you find is the best way of handling him/her? \_\_\_\_\_

\_\_\_\_\_

Is he/she frightened of anything? \_\_\_\_\_

Does he/she have any difficulties in speaking \_\_\_\_\_ other language? \_\_\_\_\_

Has he/she ever been separated from either parent for an unusual period of time? \_\_\_\_\_ If yes, explain; \_\_\_\_\_

**Toilet Habits:**

Does your child need to be reminded to go to the bathroom?

What word is used for urination? \_\_\_\_\_ Bowel Movement \_\_\_\_\_

Does your child need to go more frequently than usual for his/her age? \_\_\_\_\_

Does he/she have accidents? \_\_\_\_\_

Was your child easy or difficult to train? \_\_\_\_\_

**Sleeping:**

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_ From when? \_\_\_\_\_ To? \_\_\_\_\_

**Eating:**

Is your child usually hungry at mealtimes? \_\_\_\_\_ between meals? \_\_\_\_\_

What foods does he/she refuse to eat? \_\_\_\_\_

What eating problems does your child have? \_\_\_\_\_

\_\_\_\_\_

Any food allergies or any other allergies? \_\_\_\_\_

**Additional comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Day Care Center**  
**Parent Authorization For Emergency Treatment**

In consideration of admittance, I hereby authorize,  
Twice As Nice Preschool  
To arrange for medical examination and/or treatment of my child,

\_\_\_\_\_ (Name of child)

should an emergency arise at the daycare center or on a field trip. It is understood that a conscientious effort will be made by the daycare provider to contact me at the emergency numbers. I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises:\_\_\_\_\_ . I do

(hospital name)

understand that choice of hospitals may be limited by service of local rescue squad.

\_\_\_\_\_  
Signature: Mother/guardian

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Signature: Father/guardian

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Business phone

Insurance Company\_\_\_\_\_

Policy Number\_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

Relatives or other persons to be contacted in emergency:

Name\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_  
Phone\_\_\_\_\_

\_\_\_\_\_  
Phone\_\_\_\_\_

Relationship to Child\_\_\_\_\_

Relationship to child\_\_\_\_\_

Date:\_\_\_\_\_