

Twice as Nice Preschool
792 Valley Road
Middletown, RI 02842
Phone: (401) 841-5357 Fax: (401) 848-7521
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**ENROLLMENT AND TUITION CONTRACT
ACADEMIC YEAR 2012-2013
(September 2012 to June 2013)**

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 (5th) 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

Telephone (day)

Telephone(evening/cell)

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

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:

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:_____