

**ST. PAUL'S CHRISTIAN CHILDREN'S CENTER**  
**FULL-TIME CHILD CARE (NEW CHILDREN)**  
**REGISTRATION AND ENROLLMENT AGREEMENT 2017-2018**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_ (W) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_ (W) \_\_\_\_\_

- 1) I acknowledge receipt of the Parents' Handbook and agree to comply with all policies, financial and otherwise, therein.
  
- 2) I agree to pay \$364.00 biweekly in advance. I understand that this is due on Monday for each biweekly period. I understand that this tuition is based on an annual budget and that there are NO adjustments for illness, vacations or Center closings, except for the week of Christmas (more information to follow). I understand that I must give TWO WEEKS' written notice when removing my child from St. Paul's, or make a tuition payment of \$364.00 for that time period. The security deposit paid upon initial registration will apply toward my child's last week in the Center.
  
- 4) Because interruptions during group time are difficult, I will make every effort to have my child arrive by 8:45 AM.
  
- 5) I will pick up my child by 6:00 PM and understand the following late fee policy:  
Late Pick-Up:      6:00 - 6:15 - \$10.00 for ANY portion of the time  
                          6:16         - \$5.00 for each 5 minutes or portion thereof  
  
Late Payment  
\$20.00 late fee if tuition is received later than 5 working days after the due date.  
If payment is not received within 10 days of due date, your child may not return to St. Paul's until your account is paid in full. The space is not guaranteed.
  
- 6) St. Paul's follows Prince George's County Schools for closings/delays for inclement weather.
  
- 7) Excessive, chronic lateness may result in dismissal from the Center.

\_\_\_\_\_ \$ 50.00 Non-refundable initial registration fee  
\_\_\_\_\_ \$182.00 Security Deposit  
\_\_\_\_\_ Total    Check # \_\_\_\_\_    Date \_\_\_\_\_    Date to Begin \_\_\_\_\_

Does your child have an IFSP/IEP: Yes No (circle one)

Photos of my child may be used in Center-related articles: Yes No (circle one)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_