

# JIA-RAY LEARNING CENTER, INC.

2798 South Bascom Avenue San Jose CA 95124

## PAYMENT & ADMISSION AGREEMENT FOR PRESCHOOL PROGRAM

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

1. I/we understand that tuition payments are due by the 5<sup>th</sup> day of each month.
2. I/we understand that I will be charged a late fee of \$25 for tuition payments per child.
3. I/we understand that if I fail to pay tuition payments by the 10<sup>th</sup> calendar day, this may result in termination of the care service for my/our child(ren).
4. I/we understand that the monthly tuition and registration fee is for preschooler's Basic Services (age 2-5, daily hours 7:30am-7pm, M-F) except during the Center's holiday(s).
5. I/we understand that we need to pay an additional fee for the Center's Optional Services including lunch and/or Enrichment activities.
6. I/we understand that the \$200.00 registration fee (new student(s) only) per child is not refundable.
7. I/we understand that I will be charged \$1 / minute per child if I fail to pickup my/our child(ren) by 7PM.
8. I/we understand that a fee of \$25 will be charged for a returned check.
9. I/we understand that there is a sibling discount 5% off the lowest single tuition.
10. I/we understand that there are no refunds or credit for the Center's listed holidays and the child's sick or absent days.
11. I/we understand that a thirty-day notice will be given from the Center for changes in tuition fees.
12. I/we understand that I/we have visiting rights during the operating hours while my/our child(ren) is/are receiving school-age and Preschool program.
13. I/we understand that the Department of Licensing Agency shall have the authority to interview child(ren) or staff, and to inspect and audit child(ren) or facility record(s) without prior consent. The license shall take provisions for private interviews with child(ren) or any staff member, and for examination of all records relating to the operation of the facility. The Department of Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the child(ren).
14. I/we understand that I/we am/are required to read the PARENT HANDBOOK when issued and abide by the guidelines therein.
15. I/we understand that the Center reserves the right to terminate a child if it is determined that the program no longer meet the needs of the child(ren); if parent(s) fail to comply with the Payment & Admission Agreement/program's policies; the child(ren)'s behavior is determined to be a risk to him/herself or/and others.
16. I/we understand that I/we may withdraw a child at anytime and for any reason with **a written notice 30 days in advance regardless if the child will be back to the Center or not** and the deposit will be applied as my final month tuition. Otherwise, there will be no deposit refund and parent(s) will be financially responsible for the remaining days of the 30 days whether the child(ren) attend classes in the Center or not.
17. I/we understand that Physician Report must be filed within 7 days of enrollment. Failure to do so may result in Termination from the program.
18. I/we understand that one-week vacation is given to all the children during the Christmas week and no other vacation tuition credit or refund is given to any full/part time children before the child entering Kindergarten.
19. **Exclusion Policies:** By California child care Law, a child should be excluded from the Center for 24 hours if the child has a fever over 100.4 ° F or 38.2° C, any diarrhea or vomiting. If a child has chicken pox, the child should stay home for 7 days before the child can come back to the Center. I/we understand that I/we should not send a sick child to the Center and we need to come to pick up our sick child in one hour when I/we receive a call from the Center.
20. I/we understand that before the permanent place is made, a trial period of one month is required to insure the Center's environment is the best place for my child. The teachers and director will assess my child's adjustment after the trial period.
21. I/we understand that we must notify the center in advance about any allergies my child may have.
22. I/we understand that my child must have a change of clothing, a blanket, a crib-sized sheet and a bag to store sheet and blanket with my child's full name on each items. The sheet and the blanket must be laundered weekly
23. I/we understand that all medication need to be in original container with the physician's instruction and I/we need to fill out and sign "Medication Permit" form every morning when needed.
24. I/we understand if I/we use J&R staff as a babysitter for my child in outside J&R, J&R will not responsible for anything to the staff, child and parents.
25. I/we understand that I/we give the permission to J&R for child to be photographed in classes, activities at J&R. I/we understand that the photos may be used by J&R for promotional advertising purposes.
26. I/we understand that one time tuition payment is non refundable as we agreed on our promotion agreement.

**The signature(s) below indicate(s) that the parent(s) and the Center have read and agree to the terms of this agreement.**

Signature of Parent: \_\_\_\_\_ Print Parent Name: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Director \_\_\_\_\_ Print Director Name: \_\_\_\_\_ Date \_\_\_\_\_