

Trinity Learning Center & Preschool

1410 Rogers Street,

Stevens Point, WI 54481

Telephone 715-344-2227

tdcdirector@trinitysp.com



Activities



Learning



Friends

NEW CONTRACT includes Family Information, Enrollment Agreement, and Contract Period 1/1/2017 to 12/31/17

_____ New Contract (\$50 Non-refundable Registration + one week of tuition must accompany all new contracts) + Family Funding Fee (FFF)

_____ Renewal Contract (Please update all information) + Family Funding Fee (FFF)

_____ Sleeping Mat Fee - \$20 per mat (Children 1 year and up)

You need to initial after each of the following policies. Your initialing says you understand each policy and you agree to follow the policy.

New Policy: Families need to meet with the director to sign contracts by setting up a meeting with the Trinity Learning Center Director. I understand I need to sign up for a time to meet with the Trinity Learning Center Director to sign my new or renewal contract. Additional meetings to sign contracts will occur when rate changes are required. _____

New Policy: Family Fundraiser Fee (FFF) is due at the time of renewal. FFF rate is determined by TLC&P Committee. 2017 FFF - \$35 per family. Reason: We are limiting the number of Fundraisers we will be having families participate in to two or three per year. I understand that I need to pay the FFF at the time I return this contract form. Payment must be separate from tuition payments. **Contract is not valid until FFF is paid.** _____

New Policy: All Payments are FINAL – No Refunds. I understand beginning January 1, 2017 there will be no refunds. _____

New Policy: Wrap Around Child Care is only available to students enrolled in our 4K Program. I understand that my child if eligible for 4K needs to be enrolled in TLC&P 4K to receive wrap-around childcare. _____

New Policy: Beginning Feb 1, 2017, families receiving Wisconsin Shares need to pay Wisconsin Shares and Parent Shares by Monthly Schedule. Monthly Payments are the Best Rate Possible! I understand if I receive Wisconsin Shares, My Wisconsin Shares Payment plus My Parent Share is due by Monthly Payment Table so I receive the BEST RATE POSSILBE for my childcare needs. _____

New Policy: Beginning Feb 1, 2017, families receiving Wisconsin Shares need to provide a copy of the Wisconsin Shares Authorizations to Trinity Learning Center & Preschool. I understand if I receive Wisconsin Shares I need to provide Trinity Learning Center & Preschool a copy of each Authorization Sheet, I receive. _____

New Policy: Beginning Feb 1, 2017, for New Families receiving Wisconsin Shares, prior to care beginning, the parent or guardian is responsible for full prepayments until their Wisconsin Shares are available on the families EBT card (usually the 1st of the month). Once my Wisconsin Shares are available, I will need to update my contract. I understand prior to care beginning, I am responsible for full **prepayments** until my Wisconsin Shares funds become available,

and I will need to update my contract once My Wisconsin Shares EBT funds are available. Exceptions can be made at the discretion of the center director. _____

New Policy: Beginning Feb 1, 2017, families receiving Wisconsin Shares, if your Wisconsin Authorization ends, you are responsible for full prepayments until a new Wisconsin Shares Authorization is in place. I understand, I am responsible for **full prepayments** if my WISCONSIN SHARES AUTHORIZATION ends and a new Wisconsin Shares Authorization is not in place and I will need to sign a new contract. _____

New Policy: Children whose care is based on parent/guardian's work or school schedule need to provide center with a schedule; if no schedule is received no care will be provided. I understand I must provide a weekly or monthly schedule to the office if my child is not attending the same days every week. _____

New Policy: Parents, Guardians or Authorized Adults at drop off and pick up are responsible for using computer to log their child in and out, and to sign their child in and out when dropping child off or picking child up from center staff. (Time and Signature) At the end of the month all parents will be asked to verify time clock log for the month with a signature. The Center Office takes care of signing children in and out on the computer to track 4K class time. I understand, I or person authorized by me is responsible for completing computer to log in and out for my child, plus signing my child in and out of the classroom each day. I will also verify my child's time clock at the end of each month. _____

Updated Policy: Children need to be enrolled for a minimum of 2 Full Days or 3 Part Days; at least 15 hours per week. Exceptions maybe made by the TLC&P Director. I understand my child needs to be enrolled for a minimum of 2 Full Days or 3 Part Days; at least 15 hours per week. _____

Updated Policy: All accounts are pre-billed monthly. Absent/Vacation/Sick Days will be credited the following month. Adjustments to billing will be made as needed by the TLC&P Director. I understand I will receive one statement per month and absent/vacation/sick days will be credited the following month. _____

Updated Policy: Full Payments are required either weekly or monthly by due date. If you receive Wisconsin Shares, payments are due by monthly due date as listed in Monthly Payment Table on this contract. If unpaid amounts remain after due date, childcare will cease until restitution is made. If care ceases for more than TWO weeks, childcare spot will be LOST until another opening is available. Exceptions maybe granted by the TLC&P Director & TLC&P Committee. Late fees of \$5 per business day will be added to all accounts not paid by their due date. I understand that if I am unable to pay the amount due by due date, childcare will cease until restitution is made and if care ceases for more than TWO weeks, my childcare spot will be LOST until restitution plus late charges are paid in full and a spot becomes available. _____

I understand Trinity Learning Center & Preschool requires a **two week written notice** of withdrawal from the program. If a written notice is not given, I will be charged two weeks of my normal tuition as stated in this contract. _____

I understand that a \$75.00 charge is assessed for each Non-Sufficient Funds (NSF) check received. _____

I understand that for each five (5) minutes or portion thereof my child stays past 6:30 PM, I will be assessed a \$5.00 late fee. _____

I understand the Trinity Learning Center & Preschool staff will assume full responsibility for my child from the time my child is signed in and delivered to a Trinity Learning Center & Preschool staff member in the appropriate classroom until the time when a parent, guardian or authorized person picks up from Trinity Learning Center & Preschool staff member and is signed out of the classroom for departure.

PLEASE NOTE: Children and the adult are asked to wash their hands prior to dropping child off and after picking child up for departure to help reduce the spread of germs. _____

I understand that if an illness or medical emergency arises, the Trinity Learning Center & Preschool staff will try to contact me. If I cannot be reached and **THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO CALL 911. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE.** _____

I understand my child needs to be 24 hours free of fever **without medication** of a temperature of 101 degrees or higher, vomiting, or diarrhea to attend child care. _____

I understand that it is my responsibility to pick up my child if I am contacted by center if my child develops any symptoms during the day such as rash, goop from eyes, or if my child has a fever over 101 degrees or higher, vomits, or has diarrhea. It is my choice if I wish to have my child evaluated by my child's physician and if found to be **not** contagious; my child may return to care with a note. _____

I understand it is my responsibility to telephone (715-344-2227) or email (tdcdirector@trinitysp.com) Trinity Learning Center & Preschool if for any reason my child will not be attending on a scheduled day. _____

I understand that Trinity Learning Center & Preschool will not release my child to an intoxicated person. _____

I understand I will be charged for the following HOLIDAYS in 2017. The holiday charge will be based on your child's average number of hours per day, and the days your child normally attends for both full time and part time enrollees for the observed holidays. **** Holidays for 2017: Good Friday – April 14, Memorial Day – May 29, Independence Day – July 4, Labor Day – September 4, Thanksgiving Day and Friday After – November 23 & 24, Christmas Day – December 25. _____

I understand **all medication must be in original container** and an authorization form must be completed prior the administration of medication. _____

2017 TLC&P RATES:

Adventure Program Rates 2017 ** Rates Include All Activity Fees and Meals

2017-2018	Flat Rate Special	Monthly	Monthly with Family Discount	Weekly	Weekly with Family Discount	Daily Rate	Daily Rate with Family Discount	Part Day Rate	Part Day Rate
School Year	\$900 Per Semester	N/A	N/A	180.00	160.00	40.00	39.00	30.00	29.00
Summer 2017	\$2109.00 Per Summer	803.00	783.00	190.00	170.00	45.00	44.00	35.00	34.00

- **Adventure Care will not be available on August 31, 2017**

Child Care Rates

2017	Monthly	Monthly with Family Discount	Weekly	Weekly with Family Discount	Daily	Daily with Family Discount	Part Time Day	Part Time Day with Family Discount
Infant & Toddler	912.00	892.00	215.00	200.00	52.00	51.00	34.00	33.00
Explorer 2 Year Old	847.00	827.00	200.00	185.00	48.50	47.50	31.75	30.75
Three and Discovery Preschool Three and Four Year Olds not eligible for 4K	803.00	783.00	190.00	175.00	45.25	44.25	30.00	29.00
Wrap Around Care – Only available for TLC&P 4K Students	760.00	740.00	180.00	165.00	45.25	44.25	30.00	29.00

- Monthly Rate is the **BEST RATE AVAILABLE!** Due date for Monthly Payments are listed in the Monthly Payment Table.
- A Family Discount is available for families with more than one child enrolled. The youngest child is considered the first child in the family. The First Child – Youngest Child pays full rate and each additional child pays the Family Discount Rate. For Example: Using monthly amounts Infant \$912.00 (Full Amount) + Three Year Old Preschool \$827.00 (Family Discount Amount) + 4K \$740.00 (Family Discount Amount) = \$2435 per month.
- Weekly Rate is for full week care. Child attends Monday through Friday every week.
- Daily Rate is for full day care; more than 5 hours per day.
- Part Day Rate is for part day care; up to 5 hours or less hours per day.

Due Dates: Weekly, Daily, Part-time Daily Payments are due by 9AM on Thursday prior to the week of care. Monthly Payments are due per monthly payment table.

- When EBT cards begin in 2017, all families receiving assistance will be required to go to monthly payments. Monthly Payments offers Best Price Available for childcare. Parents are responsible to pay Wisconsin Shares and Parent Share by the Table on page 6.

I understand the rates. _____

Monthly Payment Table

Month	Monthly Prebilling Cycle	Monthly Payment Due by Time and Date
January	Jan 1 to Feb 4, 2017	Noon of January 6, 2017
February	Feb 5 to Mar 4, 2017	Noon of February 10, 2017
March	Mar 5 to Apr 1, 2017	Noon of March 10, 2017
April	Apr 2 to May 6, 2017	Noon of April 7, 2017
May	May 7 to June 3, 2017	Noon of May 12, 2017
June	June 4 to July 1, 2017	Noon of June 9, 2017
July	July 2 to Aug 5, 2017	Noon of July 7, 2017
August	Aug 6 to Sep 2, 2017	Noon of August 11, 2017
September	Sep 3 to Sep 30, 2017	Noon of September 8, 2017
October	Oct 1 to Nov 4, 2017	Noon of October 6, 2017
November	Nov 5 to Dec 2, 2017	Noon of November 10, 2017
December	Dec 3 to Jan 5, 2018	Noon of December 8, 2017

Children need to be enrolled for a minimum of 2 Full Days or 3 Part Days per week. Exceptions can be granted by the TLC&P Director.

I am enrolling my child, _____ at Trinity Learning Center & Preschool for childcare/preschool for

____ Full Time Care ____ Part Time Care

My child will be in _____ room.

Check the one that fits your family's childcare needs and initial after statement.

____ My child's schedule will vary and I understand I must provide a schedule prior to week care is going to be provided **or care will not be available.** ____

____ My child's schedule will be the same each week. I will list approximate times below. ____

Monday _____ to _____ Tuesday _____ to _____

Wednesday _____ to _____ Thursday _____ to _____

Friday _____ to _____

I GIVE MY CHILD, _____ PERMISSION TO PARTICIPATE FULLY AT TRINITY LEARNING CENTER & PRESCHOOL PROGRAM. ____

Child's Name: _____ DOB _____

Address Child Resides at: _____

Home Telephone: _____

Child resides with: _____

Are there any court orders associated with child regarding who the child can and cannot be released too?
 ___ Yes ___ No (If yes; please supply a copy of the court orders.)

Parent/Guardian Information

1. Name: _____ DOB _____

Relationship to child: _____ Father _____ Mother _____ Guardian _____ Other _____

Address: _____

Home Telephone: _____ Cell Telephone: _____

Place of Employment: _____

Employers' Address and Telephone: _____

Driver's License Number: _____ Email Address _____

2. Name: _____ DOB _____

Relationship to child: _____ Father _____ Mother _____ Guardian _____ Other _____

Address: _____

Home Telephone: _____ Cell Telephone: _____

Place of Employment: _____

Employers' Address and Telephone: _____

Driver's License Number: _____ Email Address _____

See Chart Below. I understand I will receive _____ absent/vacation/sick days for 2017 based on chart below. Number of Days Child Receives per Year is prorated for those who begin after January 1, 2017. Days do not carry over to 2018. _____

Prorated Chart for Absent/Vacation/Sick Day	Contract for care received by December 30, 2016	Contract Received and Care Start <u>After</u> Jan 1 to April 30, 2017	Contract Received and Care Start <u>On</u> or <u>After</u> May 1 to Aug 31, 2017	Contract Received and Care start <u>On</u> or <u>After</u> Sept 1, 2017
Full Year/Full Week	10	8	5	3
Daily/Part Day Care/Part Year	5	4	3	1

Based on the rate chart from page 3 or 4.

My child care fee will be _____ per _____.

I HAVE READ AND AGREE TO ADHERE TO THE TRINITY LEARNING CENTER & PRESCHOOL PARENT HANDBOOK AND TO THE ITEMS LISTED ON THIS FORM – Family Information, Enrollment Agreement, and Contract 2017.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF DIRECTOR

DATE

**Thank you for choosing Trinity Learning Center & Preschool
for your child's early education and child care needs!**

For Office Use Only:

Date of Meeting: _____ Received: _____

For New Enrollment: Registration Fee (\$50) + One week's Tuition (_____) + Sleeping Mat Fee (\$20) if needed.

Total Amount Due: _____

Amount Paid: _____ Check # or Receipt # _____

For FFF Fee \$35 for 2017: Amount paid: _____ Check# or Receipt # _____

Signature of Administrator/Director

Date