**Enrollment Agreement**

I consent to the enrollment of my child/ren\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Youthland Christian Academy.

I give permission for my child/ren to take part in field trips or excursions under proper supervision.

I give permission for my child/ren to be transported on the Youthland Academy vehicle under proper supervision.

I give my child/ren permission to walk to Youthland Christian Academy from the Palm Beach County School Bus stop. Once my child arrives, Youthland Christian Academy will be responsible to provide aftercare services. It is the parent/guardian responsibility to notify Youthland Christian Academy when my child is absent.

I agree to pay the weekly fee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for childcare services, with NO DISCOUNTS for absentees or illness. I agree that I am entitled to 2 weeks vacation each year AFTER 6 month’s attendance if 2 weeks prior notice is given.

I agree to pay the weekly fee **in advance** and I will carry out the rules and regulations of Youthland Academy Inc.

I agree to pay a $20.00 late charge per week for fees not paid by **Wednesday**, 12:00 noon unless arrangements are made with the Director.

I agree to pay **$1.00 per minute** for every minute that I am late picking up my child. This fee must be paid at the time of pick up, or admission into the center the following morning can be denied.

**Enrollment Agreement Con’t**

I further agree that in the case of accident of injury, emergency medical care may be given in the event that I cannot be contacted immediately.

**Insurance Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Social Security Number

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

Insurance Company Policy Number Group Number

I acknowledge that I have read, understand and agree to the center’s written policies.

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

Witness Mother’s Signature

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

Date Father’s Signature