



Merrifield Child Development Academy Enrollment Agreement Updated August 2020

Child #1 Full Name: _____
 Date of Birth: _____ Anticipated Start Date: _____

Child #2 Full Name: _____
 Date of Birth: _____ Anticipated Start Date: _____

Child #3 Full Name: _____
 Date of Birth: _____ Anticipated Start Date: _____

Parent/Legal Guardian Name(s): _____

Primary Contact Address: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

***** Please initial each section listed below, then sign and date the last page. *****

_____ **TUITION and MODIFICATION CONDITIONS:** \$_____ per week is the current tuition rate for the program I have chosen. I understand that academy rates are subject to change with reasonable notice as conditions require. The academy follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child(ren) in the following 5-day program(s), Monday through Friday:

Select (✓)	Classroom	Weekly Tuition Rate (effective July 1, 2020 – June 30, 2021)
	Ones (16 mos. – 28 mos.)	\$330 per week
	Twos (28 mos. – 36 mos.)	\$315 per week
	Threes (three years old)	\$295 per week
	Fours (four years old)	\$275 per week
	Pre-Kindergarten (five – six years old)	\$275 per week

_____ **SUBSIDIZED TUITION (for qualifying families, only):** The Child Care Subsidy Program provides financial assistance to eligible families to help pay for the cost of child care so they can work or attend education or training programs. I may have been assessed a child care fee (co-payment) based on the information I provided to my local department of social services. I understand it is my responsibility to pay this co-payment the first Monday of each month, per my contract with MCDA and Office for Children. If the child care provider I selected charges more than the state's reimbursement rate in addition to my co-payment, I will be responsible for paying those additional costs directly to my child care provider.

_____ **SUBSIDIZED TUITION ATTENDANCE REQUIREMENTS (for qualifying families, only):** I understand that I must record my child's attendance using either the Virginia Electronic Child Care (VaECC) Swipe Card system, or the Interactive Voice Response (IVR) by phone. If I do not use my swipe card or IVR, I may be responsible for paying for the



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unrecorded attendance, and my child care assistance may be discontinued. I will notify my local department of social services if my VaECC card is lost or stolen. I will notify my child care provider when my child will not be in attendance.

_____ **TUITION AND FEES:** I understand that I am responsible for any tuition payment and late fees.

_____ **INITIAL REGISTRATION FEE:** I understand that an initial, non-refundable registration fee of \$150 is due upon enrollment. A 10% discount is applied to families enrolling multiple children at the initial time of registration, in the amount of \$135 for each additional sibling. There is an annual re-enrollment fee of \$75 per child, assessed one year after enrollment for each child.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first scheduled day of attendance each week. If payment in full is not received when due, I agree to pay a late payment fee of \$_____ per week or part of each week that tuition is not received. All late fees are subject to change without notice. I understand that if my account is delinquent for two weeks, I will be asked to withdraw my child until my account is made current. Merrifield Child Development Academy, hereinafter referred to as MCDA and 'the Academy' cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **RETURNED CHECKS:** I understand that a processing fee of \$35.00 will be charged to my account for any check returned for any reason, and that this fee is in addition to any charges that bank or financial institution may charge me. I understand that any insufficient fund checks may be automatically resubmitted electronically up to two times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than one check is returned within a calendar year, I will be required to pay by money order or a cashier's check. Lastly, I understand that payment to bring my account current is due before receiving services.

_____ **SUMMER REGISTRATION AND ACTIVITY FEE:** School age camp will be open during the summer months and scheduled school breaks according to the local public-school calendar. Summer Camp children will pay a separate registration fee and weekly Tuition Fees during these months. Appropriate alternate Tuition Fees will be paid during school breaks.

_____ **DISCOUNTS:** A discount is offered for families enrolling multiple children. The **Sibling Discount** is applied to the lowest tuition rate. This discount is available only to those accounts when full tuition is paid in advance. A **Service Professional Discount** is offered to families where either one or both parents/guardians are employed in service industries as teachers, firefighters, police professionals, and/or nurses. Additionally, a **Military Discount** is offered to families where one or both of the parents/guardians are or were a member of a military branch. Only one discount applies to each family. Discounts cannot be combined with any other discount or promotion.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** The academy is open from 9:00 a.m. to 6:00 p.m., Monday through Friday. I understand that if I fail to pick up my child(ren) by the scheduled closing time, I will be charged a late fee of \$1.00 per every minute, per child, until the child(ren) is/are picked up. This late pick-up fee will be charged to my account and will be due by the first scheduled day of attendance the next week. I further understand that if I fail to pick up my child(ren) for more than 30 minutes past the academy closing time, I am unresponsive and my emergency contacts are unresponsive, Child Protective Services (CPS) will be contacted.

_____ **ENROLLMENT:** I understand that the completion and execution of any forms and the payment of any tuition, timely or in advance, are not a guarantee of enrollment, continued enrollment or re-enrollment. My child may be refused enrollment or may be disenrolled at any time, with or without notice, when it is believed, at the Merrifield Child Development Academy's sole discretion, that discontinuing or refusing enrollment is in the best interest of my child, the academy or the other child in the MCDA's care. I further understand that enrollment is not a guarantee of academic or other success, progression, or promotion.



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_____ **INCLEMENT WEATHER, OTHER DISASTERS, OR PANDEMIC:** I understand that it is MCDA's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, pandemic (global disease outbreak) or major building issues may disrupt child care service. I will refer to MCDA's website to ensure that it is open during inclement weather, natural disasters, and/or pandemic. I agree that in the event that MCDA is closed for an extended period of time, I will continue to be responsible for my tuition payments.

_____ **HOLIDAYS:** I understand that MCDA is closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day. I further understand that MCDA will have early release days (close at 12:00 noon) on the following days: Good Friday, the last Friday in August, Indigenous Peoples' Day (Columbus Day). I agree that I will not receive a refund, credit or any other allowance for holidays.

_____ **ABSENCES/VACATIONS:** I agree to notify my child's teacher and/or the Director of all scheduled absences at least two weeks before the absence. I agree to inform MCDA immediately if my child(ren) will be absent on any day. I understand that no allowances, credits, refunds or make-up days will be made for occasional absences. A one-time vacation credit of 50% off my regular week's tuition will be granted for one full week and only for families that have been continually enrolled for a period of six months or longer. In order to claim the vacation credit, I understand that I must submit written notice prior to the beginning dates of the vacation. My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I am committing myself to participation in the program identified above in the 'Tuition and Modifications Conditions' section for the current year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the Academy Director two weeks in advance. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to pay a new non-refundable Registration Fee. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration and Activity) are non-refundable.

_____ **RELEASE OF CHILD(REN):** I understand that my child will only be released to me, a parent or legal guardian (except where prohibited by state child care law or court order) and to those persons whose names I have listed on the Enrollment Forms. I understand that, for the safety and security of my child(ren), if an emergency were to arise where an unauthorized person must pick up or drop off my child(ren), I will be required to provide verbal permission or other verification, as directed by the Director. I will be required to follow MCDA's instructions for Student Release to an Unauthorized Person (prior to pick-up) policy which requires a photo ID from the person picking up my child and the completion of a release form which I must sign upon my next arrival at MCDA. I understand that MCDA has the right to refuse to release a child to any person, including myself, who fails or refuses to follow MCDA's sign-in, sign-out and child release policies, or to any person who appears, in the sole direction of MCDA, unable to safely transport my child(ren). I understand that no person under the age of 18, including family members but excluding emancipated minor parents, may pick up a child from the Academy.

_____ **MODEL RELEASE:** MCDA, its agents, affiliates and licensees, may; or may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

_____ **CHILD INFORMATION:** I understand that it is my responsibility to inform MCDA of any changes in my personal information or my child's personal information including, but not limited to, address, home phone number, work phone number, cellular phone number, pager number, days and hours of work, days and hours of school, transportation arrangements, child's medical conditions and any changes that may affect my child's enrollment. I understand that MCDA will not be responsible for errors or claims resulting from my failure to provide current personal information.



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_____ **EMERGENCY CONTACTS:** I understand that I am required to provide and maintain at all times a minimum of two (2) additional emergency contacts other than myself, including full names, home and work phone numbers, cellular phone numbers, addresses, driver's license numbers and/or state identification numbers, and relationship to my child(ren). I understand that in the event of any emergency for which I cannot be reached and the emergency contacts cannot be reached, that MCDA may contact Child Protective Services (CPS).

_____ **ACADEMY'S SAFETY:** I understand that parents, caregivers, and visitors are not permitted inside the academy nor on its outdoor play area until further notice, due to the novel coronavirus (COVID-19). I further understand that access to the Academy may be restricted to custodial parents pursuant to state child care regulations or may be further restricted by court order. I further understand that, for any reason it deems appropriate for the preservation of the safety, security, health or general well-being of the Academy, MCDA may temporarily or permanently exclude any person, including a parent, whom MCDA finds at its discretion, poses or is likely to pose a risk to the Academy, or who fails or refuses to conduct him or herself in a manner befitting a child care environment. Prohibitions include but are not limited to: profanity, yelling, threatening, aggressive or violent behavior, intoxication or failure to follow MCDA's policies and procedures.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the center, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the Academy.

_____ **ILLNESS AND RE-ADMISSION:** I understand that I will be notified should my child(ren) become ill during the day, and that I will pick up my child(ren) promptly, or make arrangements for an authorized emergency contact person to pick my child(ren) up upon such notification. If my child(ren) is/are exposed to or contract/s a contagious disease, I agree to notify the Academy within 24 hours of infection and I understand that my child will be re-admitted according to the Academy's re-admission criteria. If my child is diagnosed with any disease, I will notify MCDA immediately.

The common cold is considered contagious for three days. Impetigo and conjunctivitis are extremely contagious and should be treated by a physician immediately. I will allow my child a minimum 24-hour recovery period if he or she has had a fever, diarrhea, vomiting or other symptoms. I agree to not bring my child to the Academy during this time period and will only be able to return to the academy after being fever-free, vomit-free, and diarrhea-free for 24 hours without being given fever-reducing medication.

_____ **MEDICATION:** I am encouraged to administer medications at home. If my child has never received a particular medication before, I must administer the first dose at home. If medicine needs to be administered during the school hours, a Medication Authorization Form must be completed and submitted to the Director along with the medication and specify the duration for the medication. All medicine must be in its original container. Additional state guidelines are listed below:

- A. Prescription and nonprescription medication shall be given to a child: 1. According to the center's written medication policies; and 2. Only with written authorization from the parent.
- B. Nonprescription medication shall be administered by a staff member or independent contractor who meets the requirements in 22VAC40-185-240 D 1 or 22VAC40-185-240 D 3.
- C. The center's procedures for administering medication shall: 1. Include any general restrictions of the center. 2. For nonprescription medication, be consistent with the manufacturer's instructions for age, duration and dosage. 3. Include duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 work days. Long-term prescription drug use and over-the-counter medication may be allowed with written authorization from the child's physician and parent. 4. Include methods to prevent use of outdated medication.
- D. The medication authorization shall be available to staff during the entire time it is effective.



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- E. Medication shall be labeled with the child's name, the name of the medication, the dosage amount, and the time or times to be given.
- F. Nonprescription medication shall be in the original container with the direction label attached.
- G. The center may administer prescription medication that would normally be administered by a parent or guardian to a child provided: 1. The medication is administered by a staff member or an independent contractor who meets the requirements in 22VAC40-185-240 D 1; 2. The center has obtained written authorization from a parent or guardian; 3. The center administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and 4. The center administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.
- H. When needed, medication shall be refrigerated.
- I. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.
- J. Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and staff's personal medication, shall be kept in a locked place using a safe locking method that prevents access by children.
- K. If a key is used, the key shall not be accessible to the children.
- L. Centers shall keep a record of medication given children, which shall include the following: 1. Child to whom medication was administered; 2. Amount and type of medication administered to the child; 3. The day and time the medication was administered to the child; 4. Staff member administering the medication; 5. Any adverse reactions; and 6. Any medication error.
- M. Staff shall inform parents immediately of any adverse reactions to medication administered and any medication error.
- N. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days will be disposed of by the center by either dissolving the medication down the sink or flushing it down the toilet.

_____ **PERSONAL ITEMS:** I understand that MCDA is not responsible for lost or damaged personal items. I will ensure that my child(ren)'s clothing, backpacks and other personal items are clearly labeled with child(ren)'s first and last name.

_____ **ALL MERRIFIELD CHILD DEVELOPMENT ACADEMY'S POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child(ren), my family members, authorized agents and I are bound by state child care regulations, MCDA's Policies and Procedures which may be modified at any time without notice. I also understand that child care regulations of the state in which my child attends may prevail over these Academy policies when the state regulation is stricter. I further understand that my continued enrollment at the Academy constitutes my acknowledgement of, and agreement to abide by, all MCDA policies and state regulations.

_____ **ACADEMY'S HANDBOOK:** I have received a copy of the MCDA Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

_____ **NO MODIFICATIONS:** No terms of this agreement may be altered, revised, modified or deleted by any person, except in cases of MCDA policy change or rate change to which both MCDA and I must initial. Any alterations, revisions, modification or deletions of any term of this agreement are null and void.

_____ **INDEMNIFICATION CLAUSE:** I agree to hold harmless and indemnify First Baptist Church of Merrifield (FBCM) from any and all liabilities and claims because FBCM and MCDA are separate entities.

ANTICIPATED START DATE: _____



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These policies have been reviewed with the Director of MCDA. I understand and will comply with the policies included in the Enrollment Agreement and the Family Handbook. Policies in this contract will supersede all other previous documents.

Parent or Legal Guardian:

(Signature) (Date)

(Printed Name)

Academy Director:

(Signature) (Date)