**Toddler Town**

**2023 Enrollment Agreement Form**

WE/I HEREBY ENROLL my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the program and services as described in the handbook, for the entire period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_within the approximate arrival time of \_\_\_\_\_\_\_\_\_\_\_ and departure time of \_\_\_\_\_\_\_\_\_\_\_. The published weekly tuition fee of \_\_\_\_\_\_\_\_\_\_\_ is subject to adjustments as they may apply for discount programs, transition to the next age range, and the annual tuition increase. Tuition shall be payable upon enrollment. Tuition is due in advance and must be paid the last week of each preceding month.

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WE/I AGREE to the following terms:

1. Each enrollment is for the entire period listed above, no deduction shall be made in event of withdrawal, absence, or dismissal.

2. This agreement may be canceled and the deposit refunded only if the terms outlined in the Parent Handbook are followed regarding deposit and withdrawal notification.

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WE/I DESIGNATE the following persons to whom the child named above may be released: (as also named on the Emergency Contact Information Form)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WE/I HAVE RECEIVED, READ, AND UNDERSTAND the following information given to us by Toddler Town:

1. The Parent Handbook 3. Registration Form 5. Emergency Contact Form

2. Current Fee Schedule 4. Child Health Appraisal

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WE/I UNDERSTAND that is signing this agreement, we/I am agreeing to accept the rules and regulations of TODDLER TOWN as stated in the current handbook and as referred to above, as well as any future regulations established by TODDLER TOWN.

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Month Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

signature of Parent/Legal Guardian