

**ST. PAUL LUTHERAN CHILD DEVELOPMENT CENTER**  
**1075 EL MONTE AVENUE MOUNTAIN VIEW, CA 94040 650-969-2696**  
**ADMISSION AGREEMENT 2023-2024**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Numbers: Parent/Guardian 1:** \_\_\_\_\_ **Parent/Guardian 2:** \_\_\_\_\_

**Email Address: Parent/Guardian 1:** \_\_\_\_\_ **Parent/Guardian 2:** \_\_\_\_\_

**Drop Off Time:** Please drop off children by 8:45 am. If your child has not arrived by 8:45 am, the next drop off time is at 9:30 am.

**Pick Up Time:** Parents need to arrive by 5:20 p.m. to pick up children at the end of the day.

**Late Pick Up Fee:** \$2 per minute per child for picking up child after scheduled time pick up time

This fee is paid directly to the teacher on duty at the time to reimburse the teacher for the additional time served.

**Registration Fee:** \$250.00 per family per school year is due in September. For families starting midyear this fee is prorated to the month of enrollment.

**Tuition Payment** is due by the 1st of the month and late after the 5<sup>th</sup> of the month. A **Late Fee** of \$40 will be charged by Smart Tuition, when the tuition is delinquent more than five (5) days from the 1st of the month and Smart Tuition initiates a collection.

A **Deposit** of one week's tuition is due upon admission and will be refunded when written notification of withdrawal is given 30 days in advance. The deposit is waived if you are enrolled in Smart Tuition.

**Vacation** of one (1) week is granted each family per school year without charge.

**Monthly Tuition**

**5 full days \$1900** \_\_\_\_\_

**4 full days \$1800** \_\_\_\_\_

**3 full days \$1410** \_\_\_\_\_

**5 half days/lunch (12:30) \$1200** \_\_\_\_\_

**4 half days/lunch (12:30) \$1135** \_\_\_\_\_

**3 half days/lunch (12:30) \$ 905** \_\_\_\_\_

**For part time schedules check days attending M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ TH\_\_\_\_\_ F\_\_\_\_\_**

The **Admission Agreement Contract** may be changed when necessary. Changes in the contract (i.e. increasing or decreasing days) must be presented in writing seven (7) days prior to change in services and will be granted only if space is available. Written notice shall be given to parents at least 30 days prior to any change in basic rates excluding yearly increase.

Payment for childcare will be made by \_\_\_\_\_.

**Volunteer Hours** of no less than ten per family per school year are required. Incomplete hours will be charged to you at a rate of \$12 per hour. This must be paid prior to re-enrollment or withdrawal.

**Publicity and Photographs:** Photographs of the children may be taken and may appear in newspapers and other publicity materials including social networking sites.

**Right of the licensing agency:** The State of California General Licensing Requirements, Section 101195 states: The Department or licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or any staff member and for the examination of all records relating to the operation of the facility. The Department or licensing agency shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed medical professional examine the children.

**Global Pandemic:** If the Center is required to close due to a Public Health crisis as ordered by Santa Clara County Health Department and the California Department of Health there will be no refund or make up of days missed. I understand and assume all risk associated with my child attending this program and that by doing so they may be exposed to COVID-19

**Termination of this agreement** occurs when a child leaves the program and all fees have been paid. Parents may withdraw the child for any reason; however, a 30-day notice of withdrawal is required. **The school may terminate this agreement if the program does not meet the needs of the child or if the tuition payments are delinquent.**

*I have received, read, understand and agree to follow all center policies and procedures:*

\_\_\_\_\_  
**Parent or Guardian Signature Date**

\_\_\_\_\_  
**Director's Signature Date**