



New Frontiers Preschool Registration Agreement

Today's date: _____
 Child's name: _____
 Age: _____ Child's DOB: ____/____/____
 Address: _____
 City: _____ Zip: _____

Parent Name: Mr / Mrs / Ms _____
 Address: _____
 City: _____ Zip: _____
 Home Telephone: _____ Cell Phone: _____
 Email: _____

Parent Name: Mr / Mrs / Ms _____
 Address: _____
 City: _____ Zip: _____
 Home Telephone: _____ Cell Phone: _____
 Email: _____

Child's Fixed schedule

Desired start date: ____/____/____

New Frontiers schedules are subject to availability. Priority is given in order of most days requested. The center is open from 6:30 am until 6:00 pm. Children are welcome to be at the center for any amount of hours within a day for no additional costs, however, for staffing and scheduling purposes, a fixed arrival and departure time must be determined. If permanent changes need to be made to arrival and departure times, they should be communicated to the Director in writing either by email or by filling out a "schedule change request" form available in the parent resource area in the entry hallway. We will try to accommodate schedule changes to the best of our ability.

Desired fixed schedule:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Arrival time					
Departure time					

Parent Policy Handbook

With this Registration Agreement parents will receive the New Frontiers Parent Policy Handbook outlining center activities, expectations, procedures for sick days/vacations, and more. This Registration Agreement simply highlights a few key points from the Policy Handbook and is not intended to replace thorough reading of and agreement to the Policy Handbook. All families must read the Parent Policy Handbook and initial and sign the Registration Agreement Checklist section at the end of this form to become enrolled at New Frontiers.

Payments and Fees

There is a sliding fee scale for each age group. Fees are calculated on a weekly basis and determined by the child's age, the DCF child/staff ratio, and the amount of days the child attends. Families selecting to pay with cash/check/ ACH withdrawal will realize a 2.5% discount as outlined below.

Weekly Tuition Rates Effective September 4, 2017

Age	5 Day	4 Day	3 Day	2 Day	1 Day
1 - 2 yrs	\$308	\$266	\$217	\$159	\$85
2 - 2.5 yrs	\$294	\$252	\$202	\$145	\$78
2.5 - 3 yrs	\$273	\$234	\$188	\$134	\$72
3 + yrs	\$254	\$218	\$175	\$125	\$67

Weekly Tuition Rates with Cash/Check/ACH 2.5% discount applied (effective Sept. 4, 2017)

Age	5 Day	4 Day	3 Day	2 Day	1 Day
1 - 2 yrs	\$301	\$260	\$212	\$155	\$83
2 - 2.5 yrs	\$287	\$246	\$197	\$141	\$76
2.5 - 3 yrs	\$267	\$229	\$183	\$131	\$70
3 + yrs	\$248	\$213	\$170	\$122	\$66

Upon returning the registration paperwork, a non-refundable payment of a \$50 registration fee and the first two weeks of tuition are required.

This agreement signifies a financial commitment for the fixed schedule outlined above.

Fees are subject to change at any time and a Fee Increase Statement would be distributed in the case of such an event.

Payments must be made every two weeks, by the Center charging a provided credit card or through one of the cash/check/ACH payment options, for the upcoming two weeks of tuition. The center will issue a receipt for every payment made.

For sick days, there will be a 50% credit for up to five paid days after the child is absent for three consecutive sick days. The credit will begin accruing on and include the third, full consecutive day.

Parents must notify the center by 7:30 a.m. in the morning the day(s) of the absence(s) and a physician's note must be submitted to receive possible credit. Any absences for causes other than illness are not subject to credit or refund. You will be charged per your permanent schedule.

The center closes promptly at 6:00pm. A late fee of \$1.00 per each minute will be charged for any child picked up after the center closes at 6:00. Repeated late pick-ups may be cause for termination of enrollment.

Registration Agreement Checklist

Child's name: _____

Parent name: _____

Please initial each item below:

_____ I agree to pay a \$50 enrollment fee (per child) and the first two weeks of tuition upon enrollment. These fees are non-refundable.

_____ I agree to make tuition payments on a prepaid 2 week basis those upcoming two weeks, plus any applicable adjustments (fee additions or credits).

_____ I understand that in the event of illness or any other absences, I must contact the center. If the center is not contacted, I understand that New Frontiers will contact me regarding the whereabouts of my child.

_____ I understand that sick-day credits are given only if a child has been ill for three consecutive full days. The credit will begin accruing at the end of the third full day, will include that third full day, and can include up to 5 consecutive full days of illness.

_____ I give my permission for my child to participate fully in this program, on field trips as applicable, in both playground areas, and on walks.

_____ I understand that my child's transition to the next (older) classroom depends on my child's age, potty training when applicable, and availability in that next room. While every effort is made to make this transition as close to the child's birthday as possible, a child may have to wait some time to transition classrooms.

_____ I have read and agree to New Frontiers' Toilet Learning Principles and Policies, including communicating with my child's teachers regarding the appropriate time to start the Toilet Learning process and having a meeting and explicit agreement with staff before my child may attend the center in underwear (without diapers/pull-ups).

_____ I grant permission for New Frontiers Learning Center and its employees, full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence, and fully release New Frontiers Learning Center and its employees from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. I understand that any such action will be taken in the best interest of my child and will be reported to me as soon as possible. New Frontiers does not provide cost coverage for any such emergency treatment.

_____ I agree to sign and initial my child in and out on the sign-in/out sheet daily which will be in the classroom or with the staff member who is with my child at that time.

_____ I am aware that the children are taken out on a daily basis weather permitting. My child

must have appropriate clothing and shoes and sunscreen when applicable. My child must participate in all outdoor activities when he/she is at the center.

_____ I understand that I must keep my child at home if he/she is too ill to go outside or participate in center activities.

_____ I understand that, if my child becomes ill while at the center, I (or an authorized adult) must pick up my child within an hour of receiving notification from the center. Children with a fever of 100.4, vomiting, or diarrhea may only return to the center when they have been fever/symptom free for at least 24 hours.

_____ I authorize my health care provider to share health information regarding my child with New Frontiers if necessary.

_____ I understand that New Frontiers is a nut free facility (all peanuts and tree nuts and products that are made in facilities that process nuts). Any products containing nuts or produced in facilities that process nuts will not be served and will be returned home.

_____ I agree to keep my child's health and immunization records up to date.

_____ I agree to give two weeks written notice when withdrawing from the center. I am still responsible for two weeks of tuition from the day of notification *or* from the day of withdrawal without notification.

_____ I have signed the New Frontiers Nature Playground On-Site Fieldtrip Permission form.

_____ I have read and understand all parts of the New Frontiers Parent Policy Handbook and I agree to abide by all New Frontiers policies and procedures.

Parent/Guardian signature _____

Date _____