

The Journey Begins

Admission Agreement

(to be completed for each child enrolled)

We/I _____, agree to enroll my/our child at The Journey Begins at 6438 York Blvd., Los Angeles, CA 90042 beginning _____ and continuing for one year, or until ended in writing by either me/us or The Journey Begins. During enrollment, we agree to abide by all policies and procedures of The Journey Begins (the "Center").

We understand that the Center will provide full day programs 2, 3, 4 and 5 days per week for children ages twelve (10) weeks through thirty (30) months. We will meet with the Director to determine the appropriate placement/classroom of our child.

We agree to enroll our child in the Center's full day program on the following days _____. We agree to pay tuition based upon the chosen enrollment of \$_____ per month. If the start date of the program is not at the beginning of the month, tuition will be pro-rated. We understand that if the Center is closed for an emergency, (weather related, health related, Earthquake, Fire) or Pandemic or other health related concerns by any regulatory organization or government, we are responsible to pay full tuition during that month. If the closure continues to the next month a minimum of 30% will be charged.

In addition to tuition, we agree to pay a \$550.00 registration fee and a \$25 Earthquake Safety Kit fee upon enrollment. We understand that this registration fee will not be refunded upon enrollment.

We also agree to pay a tuition deposit of \$250.00 upon enrollment. The tuition deposit will be applied toward your child's last month of tuition following the Center's receipt of your written thirty (30) day notice of withdrawal. The tuition deposit will be forfeited in the event that 30-day notice is not given.

We understand that fees will apply for snacks in the amount of \$30.00 per month in the Infant/Wobbler Room and/or \$40.00 per month in the Toddler Room. If your child's dietary needs/preferences do not allow your child to eat our snacks, parents may provide all food at no extra charge.

_____ We will participate and the cost will be _____. We will not participate at this time. _____
Initial Initial

We understand that there is an extra-curricular music program that requires a separate fee to be added to my monthly tuition unless my child does not attend on the day of the class.

We understand that a Summer Fee will be charged once a year in July. The fee is approx.. \$50.00-\$100.00.

We agree that tuition will be payable by automatic deduction from a checking account monthly beginning the day our child attends the Center's programs, unless other arrangements have been made in advance. The same fee will be paid regardless of Center closings or number of days in the month. No credit is given for absences. If for any reason our electronic payment is denied the Center may charge us a \$25.00 fee. If our tuition payment is more than one-month delinquent, the Center retains the right to terminate our child's enrollment upon five (5) school day's notice to us. Thirty (30) calendar days' notice will be given to us by the Center in the event of tuition-rate changes.

The Journey Begins reserves the right to decline admission/services to any person/family as it alone deems to be in the best interests of its staff/programs/participants.

The Center will be closed for the following Holidays: New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day* and the Friday after*, The entire week between Christmas and New Year's Day. (We may also close for one Staff Development Day per year and will give 30 days' prior notice.)

We understand that the applicable child care licensing agency/ies have the authority to interview children enrolled at the Center and/or staff at the Center and to inspect and audit the Center's facility and children's records without prior consent of the parents/guardians or the Center. In addition, the 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 physically examine the children, without prior consent of the parents/guardians or the Center.

The following forms must be completed and submitted to the Center before our child attends the Center's programs:

Admission Agreement
Physician's Report
Health History
Parent Rights Forms

Medical Emergency Forms
ID and Emergency Information
Personal Rights
Needs & Services Plan

Signed _____
Director

Date

Parent/Guardian Signature

Date