

## **Admissions Agreement**

Child's	s Name:							
Paren	ts Name:							
Pre-enrollment Visit Date:							Enrollment Date:	
1.	My child	will	atter	nd Bu	ıtterflie	es Acad	lemy on a:	
	<b>Full Time</b> Basis (Mon-Fri)					-Fri)	Full Day (7:30 a.m. – 06:00 p.m.)	
							Half Day (7:30 a.m. – 12:00 p.m.)	
							Half Day (2:30 p.m. – 06:00 p.m.)	
	Pa	rt T	ime	Basis	3			
	Days: M	Т	W	Th	F		Full Day (7:30 a.m. – 06:00 p.m.)	
	Days: M	Т	W	Th	F		Half day (7:30 a.m 12:00 p.m.)	
	Days: M	Т	W	Th	F		Half day (2:30 p.m 06:00 p.m.)	
2.							demy on the days and hours marked above. If there is any e to notify the preschool staff as soon as possible.	
3.	I agree to pay the monthly rate of \$for my child. I understand that tuition is due on the 1 <sup>st</sup> of the month and is considered late after the 5 <sup>th</sup> of the month. A late fee of \$25.00 will be assessed after the 5 <sup>th</sup> of the month							
4.	understar the rema	nd th inin	nat if g tui	I do tion	so I w baland	ithout g e for t	e upon withdrawing my child from Butterflies Academy, and I giving 30-day notice part/all of my deposit will be used to pay that month and if any additional payment is needed I am balance.	

5. I agree to give Butterflies Academy permission to transport my child to needed medical facilities in the event of an emergency. I will not hold Butterflies Academy or transporting party

understand that being able to contact me is of the most importance. I give Butterflies Academy permission to consent to any medical care seen needed by a licensed physician or dentist in an

6. I agree to keep all phone numbers, addresses, and emergency contacts up to date.

responsible for any accident or injury that may occur.

emergency situation. I also understand that I will be notified if such situations occur and will be required to meet staff and child at designated place immediately. After such care is given and I (the parent) are unable to be present my child may be released back into the custody of the Butterflies Academy representative.

- 7. I agree to complete and submit all the admission forms prior to the 1st day of my child attendance. Physician report can be submitted within 30 days from the first day of school attendance.
- 8. I have read and received a copy of the Parent Handbook and Fee agreement.
- 9. Enrollment in each class is limited and expenses for Butterflies Academy continues regardless of attendance, no deductions, credits or refunds can be made for absences, vacations, or holidays. If a long absence is anticipated, please contact Butterflies Academy.
- 10. Termination of Services
  - a. Butterflies Academy: If it is determined that a child, or the parents of a child, is unable to successfully adjust to the school program, a 30-day notification of termination of services will be rendered.
  - b. Parent: 30-day written notice is required upon termination of services. A refund of advance paid tuition will be given if a 30-day written notice of termination is provided.
- 11. The Butterflies Academy is operated on a nondiscriminatory basis. Each child is respected as an individual without regard to race, color, religion, national origin or ancestry. Special needs children will be admitted on an individual basis.
- 12. According to state licensing regulations sections 101195(b) and (c), the Department of Social Services has the authority to conduct private interviews with children and staff, to inspect and audit child or facility records without prior consent, to observe the physical condition of the children, and to have a medical professional examine the children if needed.
- 13. I agree to abide by all policies in place by Butterflies Academy. I understand that changes may occur without notice.

Parent's Signature:	Date
*Other:	Date
Director's Signature	Date

\*Person(s) responsible for payment of the account different than the parents.

Note: Modification on admission agreement will be notified in 30 days in advance.

**Butterflies Academy** 

14103 Saratoga Ave, Saratoga, CA 95070 Tel: 408.781.7874 www.ButterfliesAcademy.com