

learningandfundaycare.com
info@learningandfundaycare.com
(212) 505-3695



learningandfundaycare
215 East 6th Street
New York, NY 10003

Learning and Fun Daycare Deposit Agreement

This contract covers the use and purpose of the deposit of one month tuition provided by (parent) _____ to **Learning and Fun Daycare** to reserve a space for (child's name) _____ for the **2023/2024 school year**. This deposit in the amount of \$ _____ will be applied towards your last month tuition.

A one month written notice is required for all withdrawals or enrollment changes. In the case of withdrawal, I will be responsible for one month's tuition whether or not my child attends.

If you decide to extend hours or change your schedule, you will also be required to pay the difference on the amount listed above.

The purpose of the deposit is to hold a place for your child, guaranteeing a place at the daycare. If, for reasons that are no fault of parents, **Learning and Fun Daycare** cannot admit the child to the program, the deposit will be fully refunded.

By signing this document, the applicant agrees to the conditions above and agrees to forfeit the deposit money if the child does not attend **Learning and Fun Daycare** as is stated above.

Please submit this agreement with a check payable to Learning and Fun.

I, _____, understand the purpose of my deposit, as described above. I agree to the terms set forth in this contract.

(Parent's Signature)

(Date)

(Daycare Provider Signature)

(Date)

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APPLICATION FOR ADMISSION (NO FEE)

DATE _____

CHILD'S INFORMATION

Name: _____ Birth Date: _____ M F

Address: _____ City: _____ Zip: _____

Start Day: _____ Days Attending: _____ Full-time or Part-Time

Child's Physician: _____ Physician's Phone Number: _____

Physician's Address: _____ City: _____ Zip: _____

Is your child on medication: _____ What kind? _____

Does your child have any allergies? _____

Interested in School Meal Plan (2 snack meals and hot lunch) Yes No

Child lives with: Both Parents Mother Father Other

Siblings (Name, ages): _____

Has your child attended school before? _____ Name of last school: _____

Describe your child: _____

Is your child toilet trained? _____ Describe assistance needed and words used _____

Does your child eat alone or needs partial help? _____

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PARENT 1/GUARDIAN

Name: _____ Occupation: _____

Employer Address: _____ City: _____ Zip: _____

Personal E-Mail : _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

PARENT 2/GUARDIAN

Name: _____ Occupation: _____

Employer Address: _____ City: _____ Zip: _____

Personal E-Mail _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

IN ADDITION TO PARENTS/GUARDIANS, WHO IS PERMITTED TO PICK UP YOUR CHILD?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

**If you are omitting the above information and details in this Authorized Pick-Up Section because you do not have or do not want to permit anyone but yourself to pick up your child, please initial here _____ (This means that you're voluntarily omitting this information.)*

****IN CASE OF EMERGENCY, CONTACTS (required)**

- 1. _____
- 2. _____

How did you hear about Learning and Fun Daycare? _____

Signature of Parent/Guardian: _____ Date: _____

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Learning and Fun Daycare Tuition Agreement

Agreement date this _____ day of _____, 2023 between Learning and Fun Daycare (“School”) and _____ (“Parents”)

Where Parent desire their child _____ to become a pupil at the

School, and School accepts child as a pupil for the school year (September-June) 2023-2024. Parent shall pay School monthly payments: \$_____ are to be made on or before the 1st of each month.

The first month payment is due and payable upon execution of this Agreement.

Parents and School agree to the following:

LATE PAYMENT FEES – Any late payments delivered after the 3rd will incur a \$15 daily charge. Students will not be allowed to remain in the School if the accounts becomes in arrears. Checks returned for non-sufficient funds will be subject to a \$45 fee.

LATE PICK UP FEES – A late fee of \$5 for every 5 minutes is due if a child is not picked up on time. Police will be notified if child in not picked up by 7:00pm.

FULL TUITION IS DUE EVEN IF:

- Child is absent due to traveling, sickness, self-quarantine, or mandated quarantine.
- School is required to close to disinfect and sanitize facility due to COVID-19 or Communicable diseases.
- Tuition is nonrefundable or prorated for the month if school is mandated to close due to a pandemic, weather condition, or other emergency situations.

ABSENCES – Full tuition is expected for any absences. This includes, but is not limited to: sick days, vacation, federal holidays/ school recess and weather closings. If your child does not attend school on their scheduled day(s), there will be no makeup or changed days allowed.

WITHDRAWAL / ENROLLMENT CHANGE – A one month written notice is required for all withdrawals or enrollment changes.

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MANDATORY FORMS – The following forms are required before your child can be dropped off at the school: Child Health Examination Form, Enrollment and Tuition Agreement (This form), Consents Forms.

Enrollment is determined on a first come, first served basis with priority given to returning students and siblings. There will be a family discount of **10%** if more than one child enrolled. This discount applies to full-time children only.

The school requires a deposit of one month to hold a space for your child for the upcoming session or semester. Deposit will be applied to your last month's tuition. If the contract is breached, deposit is non-refundable.

In addition to tuition there is a yearly school supply fee of \$250 for full time students and \$200 for part time students for the School Year that is payable upon enrollment.

Please select days that you would like for your child to attend monthly.

For part time enrollment, days are offered based on availability and subject to change.

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day 8:00am-5:30pm					
Extended Day 8:00am-3:00pm					
Half Day 8:00am-12:00pm					
After School Program 3:00pm-6:00pm					

I understand that I must give a one month notice to withdraw my child from Learning and Fun Daycare once the registration process has begun. In the case of withdrawal, I will be responsible for one month's tuition whether or not my child attends.

Print Name: _____ Relationship to child: _____

Signature of Parent/Guardian: _____ Date: _____

Learning and Fun Daycare: _____ Date: _____

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Consent Forms

Student Name _____

I, _____, the parent/ guardian of _____ will not hold Learning and Fun Preschool and all of its personnel responsible for any minor injuries which may occur while my child is in their care.

Emergency Medical Treatment

I hereby give permission for my child to receive emergency treatment by a staff member at Learning & Fun daycare. I also give my permission my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary by the physician to safeguard my child's health.

I give consent as stipulated for emergency medical treatment:

Yes ___ No ___ Initials (required) _____

Off Campus Activity Authorization

While every effort assure the safety of the student in off-campus activities and related transport will be made it is understood that Learning & Fun daycare, its employees, are neither insurers nor guarantors of the student's safety. It is also understood and agreed that any off premise activity and/or field trip results in increasing the student's exposure to potential risks of harm. By signing the authorization the parent is representing that the student is physically capable to participate in off-campus activities including but not limited to walking, running, dancing and playing sports.

I authorize my child's participation in field trips as stipulated above:

Yes ___ No ___ Initials (required) _____

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Permission to Photograph

I, _____, give permission for Learning and Fun Daycare to
(Parent or Guardian name) (Child Care Provider)
 photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Post pictures in child's Brightwheel profile	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current and prospective parents	<input type="checkbox"/>	<input type="checkbox"/>
Promotional video for Daycare	<input type="checkbox"/>	<input type="checkbox"/>

***Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.**

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

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**AUTHORIZATION FOR APPLICATION OF OVER THE COUNTER TOPICAL
OINTMENTS IN SCHOOL**

I hereby request and give permission for the above-named school to apply the items as needed to my child, I will provide these items to the school with label and child's name.

Child's name: _____ D.O.B.: / /

Allergies: _____

Name of Sunscreen:

Name Of Bug Repellent:

Parent Signature: _____

Date: _____

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Diaper Changing Authorization Form

Child's Name _____

Please put an X next to what applies to your child:

Potty Training ()

Potty Trained ()

Pull Ups ()

Diaper ()

Assistance/
Wiping ()

I authorize Learning & Fun to change my child in the event that I am unavailable. I agree to supply an extra change of clothes, wipes, diapers and any other supplies needed. I release the Learning & Fun from any and all responsibility concerning this matter.

Print Name

Signature

Date

Relationship to Child