

**CONTRACT**

|                             |           |
|-----------------------------|-----------|
| <i>For Office Use Only:</i> |           |
| Today's Date _____          |           |
| Deposit Received _____      | CK# _____ |
| Napper received _____       | CK# _____ |

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Class:** *Infants* \_\_\_\_\_ *Woddler 1* \_\_\_\_\_ *Woddler 2* \_\_\_\_\_ *Toddler* \_\_\_\_\_  
*PK 1* \_\_\_\_\_ *PK 2* \_\_\_\_\_ *PK 3* \_\_\_\_\_ *Kindergarten* \_\_\_\_\_ *After-School Program* \_\_\_\_\_  
*DropIn/Sat.Night* \_\_\_\_\_ *Summer Camp* \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ Phone \_\_\_\_\_ (home)  
 \_\_\_\_\_ (work)

I agree to enroll my child, \_\_\_\_\_ in The Blue Kangaroo Day School, located at 409 King George Rd., Basking Ridge, N.J. beginning \_\_\_\_\_. I have read the Parent's Handbook and agree to abide by the rules and regulations as stated. I agree to pay \_\_\_\_\_ per week for \_\_\_\_\_ full \_\_\_\_\_ 1/2 days per week and understand that monthly tuition is due on the first of each month for the upcoming month. The amount due will be the weekly tuition times the number of Mondays in that month. A deposit equal to two weeks tuition \$ \_\_\_\_\_ is due payable with this contract and will be applied towards the last two weeks that your child attends providing 30 day written notice has been given by you to the school's director prior to termination. If this notice is not given the deposit will be forfeited and tuition due for that 30 day period will remain due. In the event I decide not to enroll my child in The Blue Kangaroo, after completion of this signed contract, I understand this deposit is non-refundable. A contract can not be changed or broken until 30 days *after* the start date of the signed contract.

My contracted hours and days are as follows:

Days: \_\_\_\_\_

Drop off time: \_\_\_\_\_

Pick up time: \_\_\_\_\_

*I understand the importance of keeping this schedule and realize that an additional late fee of \$20.00 per 15 minute period will be charged after 12:30 PM for the morning program and after 6:00 PM for the afternoon/full day program . After 7:00 PM there is a \$25.00 per 15 minute fee.*

I agree to complete and submit the following forms prior to my child's attendance:

1. Admission Record
2. Health Status Form
3. Authorization Form
4. Permission to Administer Over-the Counter Medication Form
5. Immunization Records signed by Doctor

I have read this agreement and the information contained in the Parent's Handbook. I fully understand and agree to both.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_