QUALITY CARE FOR KIDS

Parent/Guardian Signature:

QCFK Signature:____

P.O. Box 2037, Novato, CA 94948 www.qcfk.org



OLIVE SITE: 415-892-4111

olive@gcfk.org

LYNWOOD SITE: 415-892-6223

lynwood@qcfk.org

SCHOOL YEAR CONTRACT 2024 - 2025

I understand that there is an annual school year non-refundable registration fee of \$80 per child and is due upon the acceptance of the child in our program. There is also a non-refundable school year (August through June) supply fee of \$100 per child (maximum of \$150 family fee), due on the first day of the child's attendance in our school year program. The supply fee will be pro-rated for children who enroll in our program after the commencement of the school year. I understand these fees are not applied to my tuition.

I understand that my contract with Quality Care For Kids (QCFK) is for the school year and summer contracts are issued separately. No schedule changes that result in a reduction of contracted hours will be allowed after the program begins unless notified in writing to the Site/Asst. Site Director 30 days prior to the change and then commences on the first day of the new month before such change is desired. No changes from the school year contract will be accepted in June.

I understand there are no refunds after the school program begins. I understand that to withdraw my child from the program, I must give written notice at the beginning of the month, one month prior to my child's last day, to the Site/Asst. Site Director. No withdrawals are accepted in June. (initial here) I understand my monthly tuition fee is to be paid no later than the first day of each month. A \$5 a day late fee will apply after the first day of the month unless arrangements are made in writing with the Site/Asst. Site Director. Delinquent bills will be turned over to a collection agency. I understand QCFK will be open during days the School may be closed and additional fees may be assessed for childcare on those days which include Teacher Staff In-Service Days, Teacher Staff Development Days and School Holidays (Thanksgiving Recess, Winter Break, Mid-Winter Break, Spring Recess, etc.). I have received a copy of the QCFK Admissions and Policies. I understand my child may be suspended from the program at any time if his/her behavior is disruptive or inappropriate as outlined in the QCFK Admissions Policies and Procedures. (initial here) I understand that the days QCFK is closed, whether for holidays, cleaning, and/or staff meetings, are not deducted from the monthly tuition. A QCFK Holiday Schedule may be obtained from the Center. I understand QCFK will notify me 30 days prior to any tuition increases. I understand the licensing agency shall have authority to interview children or staff and to inspect and audit child or facility records without prior consent. I understand the licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse neglect, or inappropriate placement and to have a licensed medial professional physically examine the child(ren). I have read all of the above policies and agree to abide by them as stated. I have also read and understood the Admission Policies and Procedures, the suspension clause in the Admission Policies and Procedures, the QCFK Holiday Schedule, the 2024/2025 Tuition Fees and the Personal and Parents' Rights forms. PARENT'S NAME: _____ SS#____DRIVERS LIC _____ _____ AGE_____ GRADE___ CHILD'S NAME: M (am) _____ T (am) ____ W (am) ____ TH(am) ____ F (am) ____ Total (am) _____ DAYS PER WEEK: M (pm) _____ T (pm) ____ W (pm) ____ TH(pm) ____ F (pm) ____ Total (pm) ____

Total Weekly Days: _____ Monthly Tuition: _____ Reg Fee: \$80 Supply Fee: \$___

Date: