



Name of Student: _____ Class: _____

Tuition: _____ Enrollment Deposit: _____

Brooklyn Community Services

ENROLLMENT CONTRACT – Atlantic Avenue Early Learning Center

To: Parent/Guardian

[PARENT NAME]

ADDRESS

CITY/STATE/ZIP

Brooklyn Community Services (BCS) is one of the oldest non-sectarian social service agencies serving the children and families of Brooklyn. With a mission to build a better Brooklyn by strengthening families, helping children and youth reach their full potential, and supporting adults in leading productive, fulfilling lives, BCS envisions a Brooklyn where everyone has the opportunity to learn, grow and strengthen our community. Our core values of Excellence, Diversity, Integrity, and Compassion speak to how we will go about achieving our mission and vision for Brooklyn.

I, _____ am the parent/legal guardian of child/children _____ authorized to register the above named child at the BCS Atlantic Avenue Early Learning Center for the 2010 – 2011 school year. The terms and conditions of this enrollment contract are as follows:

1. **ENROLLMENT**

The parent/guardian enrolls the child at the BCS Atlantic Avenue Early Learning Center for the school year into class _____, and agrees to abide by all the terms and conditions contained in this enrollment contract.

2. **Tuition and Fees**

The parent/guardian agrees to pay the school tuition in the amount of **\$185 to 225.00 (sliding income scale)** per week for services to be provided by the BCS Atlantic Avenue Early Learning Center to the child for the school year. There will

be a 30% discount for the second and/or third child enrolled into the program. It is understood and agreed that in consideration for the BCS Atlantic Avenue Early Learning Center, the parent's/guardian's obligation to pay tuition is unconditional and the parent/guardian accepts full responsibility for the payment of the tuition.

3. Enrollment Deposit

An enrollment deposit of 1 month's fee must be received by BCS with the original enrollment contract, signed by the parent/guardian prior to the child's acceptance into the BCS Atlantic Avenue Early Learning Center. The enrollment deposit may not be transferred to any other child or to any other BCS program.

4. Schedule of Tuition; Late Payments

The parent/guardian agrees to pay the monthly tuition by the 1st day of each month. A late fee of \$25 will be added if payment has not been received by the 10th of the month. Further, if the parent/guardian fails to make payment by the 10th of the month, BCS will not hold the child's place in the class until all past-due payments including late fees have been paid in full.

5. Cancellation Policy; Termination of Enrollment

This enrollment contract may be cancelled by the parent/guardian by giving 2 weeks written notice to the BCS Atlantic Avenue Early Learning Center. BCS may terminate this enrollment contract by giving two weeks written notice to the parent/guardian. BCS also reserves the right to expel the child if, in the sole judgment of the Director, the conduct or influence of the child, or anyone associated with the child, is not in keeping with the agency's standards of behavior.

6. General Conditions; Responsibilities

a. Supervision

The parent/guardian is responsible for the safety and supervision of the child anywhere on the premises of Atlantic Avenue Early Learning Center, other than inside the classroom. Once the child has been brought to their classroom in the morning and until the child is picked up from the classroom at the end of the day, BCS will be responsible for the safety and supervision of the child.

b. Center Rules

Each parent/guardian agrees to follow and abide by the Center's rules, as posted in the common areas. Parents/guardians understand that the

rules may be changed from time to time without notice. Failure to abide by the rules may be grounds for expulsion of the child.

c. Health and Safety

The child must be healthy and non-contagious to attend class or any other school function. BCS will not refund or credit any portion of the tuition for absences due to illness.

The parent/legal guardians have read and understand all the terms and conditions of this enrollment contract and agree to be bound by the same.

Parent/Guardian Parent/Guardian

(Please print full name) (Please print full name)

Signature and Date Signature and Date

Street Address & Apt# Street Address & Apt#

City, State, ZIP Code City, State, ZIP Code

Home Phone(s): _____

Work Phone(s): _____

Cell Phone(s): _____

Agency Authorized Signature: _____