

# Enrollment Agreement | 2010



**South Windsor Child Development Center**  
 1333 Sullivan Avenue  
 South Windsor, CT 06074  
 860-644-9172  
[www.swcdc.org](http://www.swcdc.org)

Parent's/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Group Placement: \_\_\_\_\_

		Days Enrolled (Please Circle) M/W/F or T/Th	<u>Monthly Fee</u> _____
Nursery School	(9AM – 12PM)		<u>Weekly Fee</u> _____
Child Care	(7AM – 6PM) Hours in Care ____ AM until ____ PM	M T W TH F	_____
Kindergarten	(Full Day)	M-F	_____
Kindergarten	(Before <b>OR</b> After/Before <b>AND</b> After)	M-F	_____
School Age Program	(Before <b>OR</b> After/ Before <b>AND</b> After (Wapping Only)	M T W TH F	_____

**I understand that:**

1. Annual Registration fee due at time of enrollment is:  
 ⇒ \$40.00/One Child **or** \$50.00/Family (**Non-Refundable**)
2. Advance Tuition Fee (**Non-Refundable**):  
 ⇒ Full Time Child Care: 1<sup>st</sup> time enrolling –1 week tuition  
 ⇒ Part Time Child Care: 1<sup>st</sup> time enrolling –2 weeks tuition  
 ⇒ Nursery School: 1 Month advance tuition applied to your last month
3. **Child Care** fees are due in advance for the coming week. **Nursery School** fees are due in advance for the coming month and are collected in ten equal payments September through June regardless of absence or cancellation due to public school closing.
4. Child Care: notify the office **one week in advance** if using vacation time or **you will be charged**.  
 Nursery School – No Vacation Time

I understand that as a parent of a child registered at the South Windsor Child Development Center, there are policies and procedures which are applicable to parents and attending child(ren). I have read the South Windsor Child Development Parent Manual and agree to comply with its rules (a copy of which is available on the Center's website at [www.swcdc.org](http://www.swcdc.org)). I also agree to pay all tuition and fees in a timely manner. I understand that should I have questions related to policies and procedures at the Center, I have an opportunity to discuss those with the Director.

\_\_\_\_\_  
 Print Name Sign Name Date

\_\_\_\_\_  
 Director's Signature Date