

APPLICATION

Please include a \$25 application fee when you return this form.

Child's name: _____ Home address: _____
Birth date: _____ Sex _____

Home phone: _____



Mother's name: _____ Work phone: _____

Occupation and place of employment: _____ Cell phone: _____

RU Dept: _____ RU/Lucent/Avaya affiliation: NO ___ YES ___
Circle One: Faculty, Staff, Administrator, Other Undergraduate Student, Graduate \Student

Mother's Email Address: _____

Father's name: _____ Work phone: _____

Occupation and place of employment: _____ Cell phone: _____

RU Dept: _____ RU/Lucent/Avaya affiliation: NO ___ YES ___
Circle One: Faculty, Staff, Administrator, Other Undergraduate Student, Graduate Student

Father's Email Address: _____

Emergency contact (other than parents) *Required:

Name: _____ Phone: _____

Relationship to child: _____ Address: _____

Other adult(s) authorized to remove child from Center *Required:

Name: _____ Phone: _____

Relationship to child: _____ Address: _____

Child's Physician *Required:

Name: _____ Address: _____

Phone: _____

Custody: Is child currently residing with both custodial parents? ___YES ___NO.

If not, with whom does the child live? _____

If non-custodial parent is prohibited by court order to remove the child from our Center, the state requires the custodial parent to provide the Center with a copy of the court's order.

Siblings: Please give the names and ages of other children.

Name _____ age ____ Name _____ age ____ Name _____ age ____



Tuition Rates & Fees: Jellybeans (Preschoolers) Gummibears (PreK)
_____ RU \$880.00 / Non-RU \$980.00 _____ RU \$815.00 / Non-RU \$915.00

A \$35 Materials Fee applies yearly, in September. An Activities Fee, \$75 maximum, applies each semester.
(Fees include two snacks daily. Lunch must be brought from home or parents may sign up for separate Lunch Program.)

When do you want your child to be enrolled at the Center? SPRING ___ SUMMER ___ FALL ___

Has your child been diagnosed with any special needs or allergies? If yes, please describe on back.

Parent/Guardian Signature date Parent/Guardian Signature date



Fee Agreement

Agreement between _____ and the Douglass
(Parent/Guardian Name)
Psychology Child Study Center for services to _____ .
(Child's Name)

Cost of Care

I understand that the cost of care for services to my child will be \$815/\$915 for Gummibears and \$880/\$980 for Jellybeans per month. I understand that an Activities Fee of up to \$75 will be exacted per semester and a Materials Fee of \$35 will be charged each September. I agree to pay the assessed monthly fee on the first business day of each month. I understand that there will be no reduction in fees for holidays, training days, emergency closing, family vacations or days missed due to illness. I understand that participation in the Lunch Program is an additional fee through June 2010.

_____ Initial

Late Payment Fee

I understand that a late fee of \$25 will be charged to the account if payment is received after the 5th of the month.

_____ Initial

Deposit

Upon signing contracts, a deposit equivalent to one month's tuition is due (\$815/\$915 for Gummibears and \$880/\$980 for Jellybeans). This deposit is NON-REFUNDABLE, but will be credited to the last month that my child is enrolled at the Center in accordance with Center Policy. If my child is withdrawn before the signed contract(s) expiration or outside of the guidelines specified in Center Policy, the deposit will not be refunded and I may be responsible for paying the monthly fees remaining on the contract. Tuition fees are subject to change without notice.

_____ Initial

Fee Increases

The Douglass Psychology Child Study Center will make every effort to adhere to this fee agreement within a contracted period. The Center, however, reserves the right to increase fees when necessary and without notice.

_____ Initial

Late Pick Up Fees

In addition to the assessed fee, I agree to pay a late pick up charge per 15 minute intervals or portions thereof that my child remains at the Center after 6pm. 1-15 minutes: \$50; 16-30 minutes: \$100; 31-45 minutes: \$150; 46-60 minutes: \$200. I understand that my child will not be readmitted to the Center if the late fee is not paid within one week. I understand that the Center may refuse to provide services to my child if s/he is picked up late 3 times within one school year. I also understand that the staff of the Douglass Psychology Child Study Center may need to report repeated late pick up incidents to the Department of Children & Family Services, as required by law, to ensure the child's welfare.

_____ Initial

I understand and agree to the terms and conditions contained herein this Fee Agreement and I will notify the Center regarding any changes in circumstances. This Fee Agreement is not a Childcare Services Contract and does not guarantee childcare services in the absence of a signed, current Childcare Services Contract.

Signature of Parent/Guardian

Date