



Parent Registration Agreement

Subsidized Program

Child's Name: _____ Schedule Starts: _____ Fee Starts: _____
(Date) (Date)

1. Program Service Plan: My child will become a part of the community at: _____
(Center Name & Number)

(Select the appropriate choice in each category and provide the start & pick-up times)

School Age Program: Schedule: Su M T W Th F Sa

School/Part Days:

Times: Before School _____ After School _____

Variable Days/Hours: _____

Vacation Days: Schedule: Su M T W Th F Sa

Times: Start _____ Pick-Up _____

Variable Days/Hours: _____

Preschool/Infant Toddler Program: Schedule: Su M T W Th F Sa

Times: Start _____ Pick-Up _____

Variable Days/Hours: _____

Preschool/Infant Toddler Program: Schedule: Su M T W Th F Sa

Times: Start _____ Pick-Up _____

- 2. Monthly Fees:** I agree to a monthly Family Fee of \$_____ (full time); \$_____ (part time) in consideration for the services provided by the center outlined above in this agreement. I understand the Family Fee will be calculated monthly and must be paid in advance to Catalyst Kids by me before the first (1st) of each month, in accordance with state regulations. Nonpayment of my Family Fee by the **seventh (7th)** of the month will result in the issuance of a Notice of Action terminating services (refer to Parent Handbook).
- 3. Monthly Fees & Fee Rate Changes:** I understand that if my Family Fees are changed, notice will be given to me in accordance with California Department of Education Funding Terms and Conditions. If the Family Fee change results in an overpayment of fees, adjustment will be made in my next payment.
- 4. Method of Payment:** I understand that my family's Center accepts checks or money orders payable to Catalyst Family Inc. for remitting family fees. I also understand that there is an online payment option I can use through Catalyst Family Inc.'s Parent Portal.
- 5. Family Information Changes:** I understand it is my responsibility to notify the Catalyst Family Inc. Representative if I need additional childcare hours.
- 6. Sign In & Sign Out:** For the safety of my child, and in accordance with state-licensing agency regulations, I agree to sign my child in and out each day of attendance with my **Full Legal Signature** as represented on the initial Catalyst Kids Services & Certificate of Eligibility Application (CD9600) or by the **Full Legal Signature** of an Authorized Family Representative as documented on the appropriate Catalyst Family Inc. Emergency Card and Release Form – Addendum.
- 7. Sign Out & Authorized Family Representatives:** I agree to pick up my child at the designated end time of the program he/she is enrolled in, according to the contracted hours. If I cannot pick up my child myself, I will arrange for another Authorized Family Representative (at least 18 years of age) to pick up and sign for my child. I understand that if I designate a different person than identified on the original registration forms, I will notify the Center in writing and have that person fill out and sign the appropriate Catalyst Family Inc. Emergency Card and Release Form – Addendum.
- 8. Late Pick Up Fee:** I understand Catalyst Family Inc. charges a \$15.00 Late Pick-Up Fee per child for any part of a fifteen-minute increment that I am late to pick up my child after the center closes. I understand Late Pick-Up fees will be charged to my account and must be paid in full on or before the 1st of the next month. (Example: Program ends at 6:00 p.m.; actual pick up at 6:05 p.m., results in a \$15.00 Late Pick-Up fee being charged for each child.) I understand the late pick up fee is per child. I understand if I am late picking up my child(ren) at the designated time, my child(ren) may be disenrolled from the program.
- 9. Meals & Snacks:** I understand that Catalyst Family Inc. offers a variety of full time/part time programs and provides appropriate snacks/meals throughout the day. Depending on the Center and Program, Catalyst Family Inc. meal options may include: Breakfast, AM Snack, Lunch, PM Snack, and Dinner. I approve my child receiving the meal option that is served at the Center during their Program time.
- 10. Program Plan Notice:** I understand and agree that I am responsible for payment of Family Fees for all contracted days whether my child is in attendance or not. (Each child is given 10 Best Interest days and 5 Unexcused Absences per fiscal year, July 1 through June 30.)
- 11. Withdrawal From Program:** In the event of withdrawal from services, I agree to notify the Catalyst Family Inc. Representative two (2) weeks in advance of the withdrawal date. I understand and agree that I will be responsible for full payment of Family Fees until the disenrollment takes effect, whether my child attends during that time or not. I also understand that a refund will be given for any overpayment of fees. This refund process will take approximately 2-3 weeks.
- 12. Disenrollment Of Services:** I understand that in the event that my child is disenrolled from a Catalyst Family Inc. program and has unpaid family fees, my child will not be re-enrolled in the program until all outstanding fees are paid in full. However, if there is an overpayment of fees, a refund will be due.
- 13. Absences:** I agree to notify Center personnel in advance, by phone or in writing, if my child will not be attending the Center for any reason on any day(s) that my child is regularly enrolled. Specific reasons for absences (e.g., child illness, family emergency, personal family business, doctor's appointment, etc.) must be documented on the sign in/out sheets and include my Full Legal

Signature as represented on this registration Agreement or by the Full Legal Signature of an authorized Family Representative as documented on the appropriate Emergency Card and Release Form - Addendum. I understand that I am responsible for payment of Family Fees for all contracted days whether my child is in attendance or not.

- 14. Health History:** I understand that my child must have a ***Child's Preadmission Health History*** form on file at the Center, as required by the State licensing agency ("**Physician's Report**" if not enrolled in public or private elementary school; "**Parent's Report**" if enrolled in public or private elementary school). I agree to provide all required ***Child's Preadmission Health History*** documentation to the Site Supervisor prior to starting in the program.
- 15. Immunizations & Tb Tests:** I understand that my child's immunizations must be current and I agree to keep the Center informed of any immunizations that my child has received. I understand that the Site Supervisor for the center will review current information regarding TB tests with me. The state licensing agency requires that a "California Immunization Record" be kept on file for all non-school age children. School age children, enrolled in a public school, are not required to furnish a "California Immunization Record."
- 16. Illness & Notice:** I agree to immediately notify the Site Supervisor if my child contracts a communicable disease. A physician's note may be required before my child is permitted to return to the Center.
- 17. Daily Health Check:** I understand that Center personnel, as required by the State licensing agency, will perform a daily health check. In the event that my child must be excluded from the Center due to health reasons, I will abide by the Center personnel's decision and take responsibility for my child's care. If my child becomes ill while attending classes at school, I understand that the Center cannot be responsible for my child's care and I will follow the school procedures for sick children. I understand, that if my child becomes ill or injured while attending any Continuing Development Inc Centers, the agency is held harmless. When requested by Center personnel, I will ensure that my child is picked up from the Center immediately (within one hour) either by an authorized family representative or myself.
- 18. Medications:** I understand that in accordance with State licensing agency regulations, I must complete and sign the ***Medication Administration Release*** form if my child must take prescription medication while attending the Center. I also understand that over-the-counter medications require a physician to complete and sign the ***Medication Administration Release*** form in addition to my signature.
- 19. Licensing Contact:** I understand that California Department of Social Services, California Department of Education and School Districts have the authority to interview many people, including me, my child, and Catalyst Family Inc. staff, and to inspect and audit client or facility records without prior consent. Catalyst Family Inc. is required to make provisions for private interviews with any clients, including children, or any staff members, and for the examination of all records relating to the operation of the facility.
- 20. Code Of Conduct:** I have the right to expect to be treated with respect and, in return, I agree to treat all employees, families, and children with respect. I understand and agree to follow the Catalyst Family Inc. Code of Conduct as stated in the Parent Handbook.
- 21. Personal Rights:** I understand that information (such as behavior, observations, etc.) about my child will be kept strictly confidential among program personnel. I also understand that I may discuss my child's progress at any time. I agree to keep the Center informed of any life changes that may affect my child's behavior while at the Center.
- 22. Behavior & Safety:** I understand that if my child's behavior threatens the immediate safety of other children, adults, staff, or herself/himself while at the Center, I will be notified and agree to ensure my child will be picked up immediately (within one hour) from the Center by myself or an Authorized Family Representative. If my child is suspended from the elementary school, I hereby ensure that my child will be picked up directly from the elementary school. School suspension will result in immediate suspension from Catalyst Family Inc. for the same time period and I will be responsible for full Monthly Fees to Catalyst Family Inc. during any suspension.
- 23. Enrollment Forms:** I agree to fully complete and provide all forms and documents required for enrollment to a Catalyst Family Inc. Center. Failure to complete the enrollment process will result in disenrollment of services.

I have read and understand the Catalyst Family Inc. policies as stated in the Parent Handbook, the Fee information, and this Registration Agreement. By signing below, I agree to abide by them. I further understand that failure to follow the Center policies and the California Department of Education Funding Terms and Conditions will result in the disenrollment of childcare services.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Parent/Guardian Contact: Street

City

Zip

Phone #

Parent/Guardian E-mail address: _____

Catalyst Family Inc. Representative Name (Please Print)

Catalyst Family Inc. Representative Signature

Date

Optional Agreement: My signature below allows my child's photographs to be:

- Released to newspapers for stories about the Center
- Posted on bulletin boards
- Released for other media purposes (i.e. print, video, website, etc.)

Parent/Guardian Signature

Date

Catalyst Family Inc. Representative Signature

Date

Toddler Component Agreement: If you are enrolling your child in a Toddler Component of an Infant or Preschool Program, please sign here as your authorization.

Parent/Guardian Signature

Date

Catalyst Family Inc. Representative Signature

Date