



Re/enrollment Checklist for Parents

Please return all items listed below before your child begins in the program. The return of all requested items will complete your child's registration process.

As you complete each form, check it off on the list below. This will help save you time and unnecessary trips to deliver additional materials.

Thank you for your cooperation.

Items provided by Parent(s)

- Child's Birth certificate (N/A for current families)
- Child's Immunization Record (from doctor's office), (N/A for current families)
- Child's Physical (from doctor's office) (N/A for current families)
- Both Parents front and back of state issued id card (N/A for current families)
- Custody Agreement if applicable

Forms provided to Parent (s) by YHWH-A

- Auto Withdrawal Agreement
- Client Contract (Monthly Tuition and all applicable fees)
- Emergency Information Form
- Health Authorization
- Insurance Liability Form
- Medical Authorization
- Parent Participation
- Permission for Wading Activities
- Pick Up Authorization
- Policies Agreement Form

Please Note: No child may be admitted without proof of immunizations. Immunizations received must be listed by your physician and signed by the physician. If you are from out of state or have recently changed doctors, we will need official proof of immunizations before your child may be admitted. If your child has had any preschool screening done, please provide a copy of that as well.



Automatic Withdrawal Agreement

Clients will instruct their bank to make regular [weekly / monthly] payments of \$_____ to the center’s account at the financial institution listed below. If the clients choose to discontinue this service, they must notify the center in writing one week in advance.

USAA 314074269	264390261
Center’s bank	Center’s account number

Client’s signature	Date of signature
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Client’s signature	Date of signature
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Director’s signature	Date of signature
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This is a contract between _____ and _____ referred to as clients throughout and YHWH-Academy LLC, referred to throughout the contract as YHWH-A. The clients are entering into this contract with plans to enroll their child _____, birthdate _____. The first day with the academy will be _____, _____, 20___. Address of YHWH-A is 13213 Eagle Lake Court, Carrollton VA, 23314. The trial period will be start on _____ and end on _____. Student enrollment ends last day of academic year.

1. Policies and procedures are outlined in our YHWH-A Parent Handbook please do not sign this contract until you have read all of the policies and procedures. I have received a copy and agree: _____ / _____ (initials)
2. **Hours of Operation:** YHWH-A's hours of operation are from 7:00am to 5:30pm, Monday through Friday. Please see the academy calendar for days the academy is closed.
3. **Drop in Rate:** We do not provide drop in services.
4. **Terms of Payment:**
 - a. I agree to pay a **Registration Fee** at the time of enrollment. **Registration Fee:** \$100/student or \$80/family due at enrollment. The registration fee is an administrative cost for enrollment/reenrollment, creation of student's portfolio, student quarterly assessments, parent subscription in Hi Mama academy app. The registration fee is paid at the time of enrollment and secures enrollment for the student listed on the contract. Veterans/Military Families with proof of eligibility will receive a 5% discount. You will pay the registration fee with the first scheduled payment after signing this contract.
 - b. I agree to pay a **Curriculum Fee** at the time of enrollment and again upon each anniversary date of reenrollment. **Curriculum Fee** of \$180/student is due at the time of enrollment. The curriculum fee is for all students and includes textbook/workbook fees, creative art/music project supplies, STEM kits, as well as teaching materials, and academy incidentals for the current academic year. Our curriculum is aligned with the Virginia State kindergarten early learning standards. This is a non-refundable fee.
 - c. **Early Drop Off Rate:** We open at 7:00am, if you need to arrange an earlier drop off, you must provide 24 hours-notice. Failure to provide notice will result in a \$1 per minute rate if you drop off earlier than the scheduled hours of operation.
 - d. **Late Pick Up Fee: \$25.00 for one minute-\$1.00 every additional minute thereafter.** I agree to pay a per family **Late Pick Up Fee:** Time of parent sign out via Hi Mama system is the determination of time. Payment will be paid at time of pick up the day the Late Pickup occurs. YHWH-A will then have the option to refuse service until payment is made in its entirety.
 - e. **Returned Check/Non-Sufficient Funds (NSF) /Declined Credit Card Fee \$25.00** I agree to pay an **NSF/Declined Credit Card fee** of \$25.00 if we have a declined payment. YHWH-A will then have the option to refuse service until payment is made in its entirety.
 - f. **Returned Payment Fee \$25.00 service fee, \$25.00 Late Fee Returned Payment Fee** will be assessed a \$25.00 service fee and any additional fees incurred as a result of your card being declined. If payment



cannot be charged/received by the first of the month as required, a \$25.00 late payment fee will be assessed to your account. A \$10.00 fee per payment per day will be assessed as long as payment is not received.

g. **Liability Insurance Fee \$32.00.** We carry professional business liability insurance and you will pay \$32.00 twice a year (Oct/Mar) for the cost of the insurance.

h. **Fees for extra services:** You will be responsible for bringing in diapers and wipes for your student. If you do not bring these items in, we will charge you for the cost of these items, and payment will be due at the next month regular payment. If your student breaks or damages the academy's property, you will be responsible for paying to repair or replace the item.

i. **None of the fees identified are refundable.**

5. **Tuition:** Each month's tuition payment is due on or BEFORE the first day of the month. For example, we will bill October's tuition on September 1st the date tuition is due. If not paid in full for that month, your student/s will not be able to come to school on the first of the month until the account is brought current. Auto draft will be done on the first of each month in advance; October's auto draft will be on September 1st. You will pay the first month of tuition upon signing this contract.

a. The academic year is from Sept-Jun, tuition rates are divided over 10 months or can be paid in full for the entire academic year.

b. Tuition rates are subject to change by YHWH-A with at least thirty (30) day prior written notice to parent.

c. Weekly tuition payments may be accepted on a case by case basis and subject to an additional \$10 service fee.

6. I agree to pay Tuition using the credit card I have placed on file at the time of enrollment. All families are required to register and pay tuition using our YHWH Academy Hi Mama app. Alternative options may be available upon arrangements with the director for a fee.

7. A year end summary will be provided by January 31st of every year.

8. We do not give tuition refunds or credits for student absences, vacations or school closings due to holidays, classroom closures due to illness, scheduled breaks or inclement weather.

9. The Academic year tuition payment is divided 10 monthly payments Sept – June. Tuition includes regular academic days only. Extra fees may apply for days offered on holidays and Isle of Wight public school breaks, YHWH-A teacher work days and in-service days. (See published academy calendar for dates).

10. All information including enrollment, emergency, and medical forms must be completely filled out, and returned before start date with our academy.

11. **Trial & Termination:**

a. **Trial Period:** The first two weeks (10 academic days) of enrollment are an adjustment or trial period. During this time, either the client(s) or YHWH-A may terminate this contract immediately without written notice. No refunds will be given for any services provided within this time period. The last two weeks of tuition will be refunded if enrollment is terminated within the trial period. After the two-week trial period has been completed, a two-week written notice by client(s) is required to terminate this contract. Payment is due for the notice period whether or not the student is brought to the academy during that time.



- b. **Termination:** A two-week written notice is required for the client to terminate this contract, changes to enrollment schedule or tuition fees. Payment for the notice period is due whether or not the child is brought to the academy during the notice period. Failure to provide such notice, the remainder of tuition becomes due immediately.
 - i. This contract may be terminated by YHWH-A at any time and for any reason at will. A student may be disenrolled by the academy without prior notice if, in the sole opinion of the academy, it is in the best interest of the student or the academy to disenroll the student.

12. **Waiting List:** The date of the application and age of the student determines their position on YHWH-A’s waiting list. Openings for enrollment are determined by the following criteria in priority order:
- a. Movement of a student from one age group to another based on the student’s age, individual readiness, and available openings.
 - b. Sibling of a student currently enrolled
 - c. New student referred by parents with students already enrolled
 - d. New students from the public

Note: If you are advised on an immediate opening and decline the enrollment opportunity, another child will be enrolled.

13. Failure to comply with the terms set in this contract and the Parent Handbook may, at YHWH-A discretion, result in immediate termination of student’s enrollment.

14. The following fees and tuition are due in full upon signing this contract: (rates listed below are valid until August 13, 2025).

- a. Registration Fee: _____ (\$100/student, \$80 per family, 5% Military Discount)
- b. Curriculum Fee: \$200
- c. Tuition: _____

	Monthly	Part Time: Weekly (AM)	Part Time: Weekly (PM)
Infants: (6 weeks to 15 months)	\$1,300		
Pre-K2 (16 months to 2)	\$1100		
Pre-K3 (3s)	\$1000		
Pre-K4 (4s)	\$920		

Total Due for Enrollment: _____

15. **Signature of the Client(s):** By signing this contract, you acknowledge that you have read our policies and procedures in our Parent Handbook and agree to follow them. We may amend our polices and procedures at any time by giving you a copy of the new policies and procedures at least two weeks before they go into effect. If we fail to enforce one or more of the terms in this contract that does not waive our right to enforce any of the other terms of this contract. Both client(s) of the student must sign contract below to meet the terms stated above and must provide a copy of their Driver’s License or State Issued ID card.

Client Signature: _____

Date: _____



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Client Signature: _____

Date: _____

Owner/Director _____

Date: _____



Emergency Information Form

Child's Name

Date of Birth

Child resides with: Mother Father Both parents Guardian**Mother or Guardian**

Home Phone

Home Address

Cell Phone

E-mail Address

Present Occupation:**Address of Employer:****Father or Guardian**

Home Phone

Home Address

Cell Phone

E-mail Address

Present Occupation:**Address of Employer:****Names of friends or relatives to call in an emergency**

Name: Relation to child Phone No.

Address:

Name Relation to child Phone No.

Address:

Doctor to be called in an emergency

Phone No.

Insurance Company

Insurance Policy Number

Dentist to be called in an emergency

Phone No.

Insurance Company

Insurance Policy Number

Preferred Hospital**Food or medication allergies****Current medications**

I hereby grant permission for _____ or her/his staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may |Jetton Learning Group, LLC © - Emergency Information Form. To reproduce this document, you must receive written permission in advance.



|Jétton Learning Group, LLC © – Emergency Information Form 03/2021

include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child’s physician, we will do any or all of the following:
 - (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child’s family.

Parent/Guardian Signature

Date



Health Authorization

Child's Name _____

I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of YHWH academy preschool program

I hereby grant permission for my child to leave the program under proper supervision for neighborhood walks.

I hereby grant permission for my child to be included in evaluations and pictures connected with the program.

I hereby grant permission for the program to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the persons listed by the parent on the emergency medical form.
4. In the event that 1–3 are unsuccessful:
 - A) Call another physician
 - B) Call the paramedics
 - C) Have the child taken to the hospital

I understand that any expenses incurred under #4 above will be borne by the child's family or legal guardian.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date



|Jétton Learning Group, LLC © – Liability Insurance Declaration 03/2021

Child's Name _____

LIABILITY INSURANCE DECLARATION

THIS FORM COMPLIES WITH THE REQUIREMENTS OF § 22.1-289.050 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

We have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

YHWH Academy has \$1,000,000 per occurrence and \$3,000,000 general aggregate.

 X Yes _____ No

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)

I no longer have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services effective _____.
(Date)

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)



Medical Authorization

I understand that _____ (hereafter, the YHWH Academy (YHWH-A)) will not request information concerning my child from any agency without my written consent.

In case of accident or injury to my child, I understand that someone from YHWH-A will contact me immediately. If I am not available, the academy may contact the friends, neighbors, or relatives that I have indicated should be contacted in emergency situations. I have provided YHWH-A with the names and phone numbers of the individuals who may be called in emergencies.

If none of my emergency contacts are available, I authorize YHWH-A to have my child transported to the hospital for treatment. My hospital of preference is _____. This authorization applies to each and every day that my child is cared for by YHWH-A, including days on which car trips, picnics, or other excursions are a part of the programming activities.

In order to ask YHWH-A to give medication to my child while at the program, I must provide the YHWH-A with a completed medication authorization form signed by me.

These arrangements are in effect as long as my child is enrolled in YHWH-A or unless I notify the YHWH-A in writing, of my cancellation.

Child's Name _____

Parent's Signature _____

Date _____



Parent Participation Commitment

By enrolling our child in _____ YHWH Academy we are making a commitment to the quality of our child’s preschool education. We are aware of the parent-participation requirement of this program. In order for the program to operate in its most productive manner, we will contribute our time and effort to support the school.

We will be expected to:

- Field trip transportation and supervision
- Leading or assisting special projects (sewing, carpentry, cooking, etc.)
- Construction or collection of raw materials for art projects, dramatic play props, etc.
- Eating lunch or snack with your child – please inform the teachers one day in advance

We understand that if we are dissatisfied we may withdraw our child from the program after giving the required two-weeks’ notice.

We also understand that the program reserves the right to remove a child from the program either due to the behavior of the child or to the behavior or a parent who is not participating in the cooperative effort of the program.

Signature of parent/guardian

Date

Signature of parent/guardian

Date



|Jétton Learning Group, LLC © – Swimming/Wading Activities 03/2021

PERMISSION TO PARTICIPATE IN WADING ACTIVITIES

Licensing standards at 8VAC20-800-660 require:

A parent’s written permission before a child participates in wading activities;

At least 2 caregivers to be present and able to supervise the children; and

An individual (may be one of the caregivers) currently certified trained in basic water rescue, lifeguarding, or water safety.

My child is a: Swimmer Non-swimmer Other Information on Child's Swimming Skills (if applicable):
I give permission for my child to participate in wading activities:
Parent’s Signature



Pickup Authorization

Child's Name _____ Date _____

The people listed below have my authorization to pick up my child from the program. I will inform my child's provider each time a special pickup is necessary.

Name	Relation to Child	Phone Number

These people are NOT allowed to pick up my child.

Name	Relation to Child

Parent's Signature _____



Policies Agreement Form

By signing this page, I/we indicate that I/we have read the policies and agree to follow them as written in the Parent Handbook. A two-week written notice will be given before revising the current policies or adding a new policy.

Parent or legal guardian's signature

Date of signature

Parent or legal guardian's signature

Date of signature

Director's signature

Date of signature

Attachment: Parent Handbook, dated 3/2021, rev 1/2023

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