

LSUA CHILDREN'S CENTER ENROLLMENT AGREEMENT

As a member of the LSUA community, I understand that it is a privilege for me to enroll my child/children at the LSUA Children's Center.

I have completed the Registration Application, and by signing this Enrollment Agreement, I agree to abide by the following rules:

- A Registration Fee is payable only when my child is first registered at the LSUA Children's Center and as long as my child is continuously enrolled. Should I discontinue my child's enrollment, I will be expected to pay another Registration Fee upon re-application for enrollment. Special circumstances regarding continued enrollment, which excludes Summer Sessions, are outlined in the Policies & Procedures Handbook.
- A Deposit of One Week's Tuition is to be paid no later than the last day of classes of the previous semester or session, to reserve a space for my child during the following semester or session.
- Weekly tuition is paid in advance and is due no later than Friday afternoon preceding the week of enrollment. *A minimum of two weeks' notice must be given to the Director, in writing, if you choose to discontinue your child's enrollment and payment for that period is expected.*
- An immunization record, other pertinent medical information and a developmental profile will be provided by me on my child's behalf.

I agree to abide by all policies and procedures set forth in the LSUA Children's Center Policies & Procedures Handbook. *The handbook is available on our website at <http://childrenscenter.lsua.edu>.*

I agree to participate in activities sponsored by the LSUA Children's Center which will enhance my role as a parent and which will, in turn, assist my child's growth and development.

I expect my child to be treated with the utmost respect in a safe, loving, nurturing, learning environment while he/she is enrolled at the LSUA Children's Center.

I expect the LSUA Children's Center staff to provide guidance and to plan activities which will encourage my child to develop socially, emotionally, physically, and intellectually.

I understand that the all charges, according to the Tuition Schedule, will be payable by me or the agency from which I receive aid.

I understand that grades will not be released and university privileges will be revoked if I do not pay all fees and tuition costs for the care of my child.

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I understand that if I do not pay all fees and tuition costs for the care of my child, I may be turned over to a collection agency and/or credit bureau, and I will be responsible for all costs associated with this debt and its collection.

I hereby register: (PLEASE PRINT & Circle Preferred Given Name)

Child's Name: _____
First Middle Last

LSUA AFFILIATED PARENT'S SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE (CHILDREN'S CENTER USE ONLY)

Registration Fee \$ _____ Date Rec'd _____

1st Week's Tuition \$ _____ Date Rec'd _____

Anticipated Date of Enrollment _____