Family ID# ____________________  

Child Development Center  
Admission Agreement

Child’s Name _____________________________________________________  
(Please use one Admission Agreement per child)  
Date/Semester:: __________________

Contract Days/Hours Enrolled:  
Monday  From ____________ To ____________ = ( ________ Hours)  
Tuesday From ____________ To ____________ = ( ________ Hours)  
Wednesday From ____________ To ____________ = ( ________ Hours)  
Thursday From ____________ To ____________ = ( ________ Hours)  
Friday From ____________ To ____________ = ( ________ Hours)

Family Fee: ___________ PT / FT

Family Fees:

Family fees (if applicable) are charged monthly using the flat monthly fee on the Child Care and Development Fee Schedule. Full-Time (FT) is 130 hours of contracted care or more per month and Part-Time (PT) is less than 130 hours of contracted care per month. Fees are due on the 1st of each month of service. A child enrolled in any portion of a month will be charged a prorated monthly rate. Payments are considered delinquent if not received by the 7th of the month. Delinquent accounts will be given 2 week notice for termination of care.

Payor:___________________________________________  
(Print Name)

I am aware of and agree to abide by the following state regulations:  *California Education Code 8263/8447

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Payor:___________________________________________  
(Full Signature)

- I have received the family handbook which contains center policies, procedures and conditions under which this agreement may be terminated.
- I agree to give the enrollment office a 14 day notice prior to my child’s last day or for a schedule change request.
- I acknowledge that I have received a copy of the Schedule of Income Ceilings (85%) and have been notified that if my adjusted monthly income exceeds 85% of SMI according to family size, I the must notify the agency within 30 days.
- I have received a program orientation including a tour of my child’s classroom.

Department of Social Services, Community Care Licensing Division (hereafter, "Department")

A.)  The Department shall have the authority to interview children or staff; and to inspect and audit child facility records without prior consent.
B.)  Licensee shall make provision for private interview with any child(ren), or any staff member and for the examination of all records relating to the operation of the facility.
C.)  The Department shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement.

I give the KCCD Child Development Program staff permission to communicate with outside agencies and/or with KCCD faculty and staff to request release of my personal information or records needed to verify information related to my eligibility for program services.

I have read this admission agreement and received a copy. I agree to comply with all stated requirements.

Enrolling Family Member: X ________________________________  
(Full Signature)  
Date:______________

Agency Representative: X ________________________________  
(Signature)  
Date:______________

Reviewed by: ___________  
Date:___________

INITIAL  
KCCD ChDev-Rev (8/19)