Welcome to Creative Stars Academy!

We are thrilled to provide your child, and your family, with quality learning and creative play opportunities. As part of the enrollment process, Creative Stars Academy is required to obtain additional information about your family. This helps support a smooth transition for your child into our program by allowing our staff to become well acquainted with your family and opens the door to ongoing family and center communication.

**Creative Stars Academy Registration:**

To finalize your child’s enrollment, please ensure each of the following items are fully completed. Your enrollment and assurance of your child’s spot is not guaranteed until each item below is received by the center director.

Additionally, you will be required to pay a one-time, $50 registration fee and a deposit. These payments are required to hold your child’s spot and to ensure availability for your family.

**Completed Registration Packet**

Child information

Program Schedule

Scheduling Policy Acknowledgement

Primary Guardian

Secondary Guardian

Emergency Contacts/Authorized Pickups

Emergency Medical Authorization

Parent Authorization

Health Care Summary ***(Must be completed by Health Care Source)***

Child Care Immunization Form

Enrollment Questionnaire

**Safe Sleep Documentation** *(Infants Only)*

***Please Note: Creative Stars Academy does not adhere to the swaddling of an infant***

Physician Directive for Alternative Infant Sleep Position (if applicable)

Optional Parent Statement – Infant Rolling Over Before Six Months (if applicable)

**Finalizing Registration**

One-time non-refundable $50 Registration Fee

Hold fee

Acknowledgment of CSA Contract

**Questions may be directed to Creative Stars Academy at 507-258-2068 or emailed to** [**director@creativestarsacademy.org**](mailto:director@creativestarsacademy.org)

**Child Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child** | | | | | | | |
| Last Name | | | First Name | | MI | Nickname | |
| Age | Male  Female  Prefer not to specify | Birth Date | | Address City | | | Telephone Number: |

Existing medical conditions, medications and/or special attention your child may require by our program

Allergies/Dietary Needs

|  |  |  |
| --- | --- | --- |
| Pediatrician’s Name | Phone | Address |
| Preferred Clinic/Hospital | Phone | Address |
| Dental Source (provide parent info if child has not been seen) | Phone | Address |

Photos: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

**Program Schedule**

|  |
| --- |
| Classroom: Infant (6 wks-16 mo.) Toddler (16 mo.-33 mo.) Preschool (33 mo.–1st day of Kindergarten)  ☐ ☐ ☐ |
| Anticipated Days & Time of Attendance:  ☐ Monday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.  ☐ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.  ☐ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.  ☐ Thursday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.  ☐ Friday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M. |

**Scheduling Policy**

I understand that if the above schedule changes for any reason, I am responsible for giving Creative Stars Academy a 24-hour notice so that they may alter any staffing changes necessary. I understand that I may not bring my child earlier than opening time (6:00 a.m.), and no later than 9:30am without prior discussion, and acknowledge that a late fee of $1.00 is assessed for every minute that **each** child is left beyond closing time (6:00 p.m.). If a child is not picked up by 6:01 p.m. and no phone call is received, Creative Stars Academy is instructed to contact the police department for assistance after all other emergency contacts have been called.

I acknowledge and understand the above *Scheduling Policy*

**Primary Guardian Information**

*Name(s) of person(s) with whom child is living*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Primary Guardian** | | | | | | | | | | |
| Last Name | | First Name | | | | | M.I. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | | Cell Phone | | |
| Occupation | Employer | | | Work Address | | | | | Work Hours | |
| Home Address | City | | | State | | | | | Zip Code | |
| **2nd Primary Guardian** | | | | | | | | | | |
| Last Name | | First Name | | | | | M.I. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | | Cell Phone | | |
| Occupation | Employer | | | Work Address | | | | | Work Hours | |
| Home Address | City | | | State | | | | | Zip Code | |
|  | | | | | | | | | | |
| Which Primary Guardian Should be Called First? | | | Preferred language for written communication: | | | | | | | |
| Mailing Address (if diﬀerent than above) | | | | | Apt # | City | | | | Zip Code |

**Second Guardian Information**

*Non-primary custodial parent with whom the child is not living (if applicable)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Non-primary Guardian** | | | | | | | |
| Last Name | First Name | | | M.I. | | Relationship to Child | |
| Email Address | | Work Phone | | | | Cell Phone | |
| Home Address | | City State | | | | Zip Code | |
| **2nd Non-primary Guardian** | | | | | | | |
| Last Name | First Name | | | M.I. | | Relationship to Child | |
| Email Address | | Work Phone | | | | Cell Phone | |
| Home Address | | City State | | | | Zip Code | |
|  | | | | | | | |
| Which Guardian Should be Called First? | | Home Phone | | | | Should program communications be sent here?  Yes  No | |
| Second Household Mailing Address (if diﬀerent than above) | | Apt # | City | | State | | Zip Code |

**Additional Comments & Information:**

**Emergency Contacts and Authorized Pickups***For children’s safety, Creative Stars Academy will contact and release a child only to the parent(s)/legal guardian(s) and to those who are listed below (at least 2). Photo identification will be required to any of the following contacts.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1st Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | Able to pick up all children in the family  Not able to pick up the following children: | |
| Home Address | City | | State Zip Code | |
| **2nd Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | Able to pick up all children in the family  Not able to pick up the following children: | |
| Home Address | City | | State Zip Code | |
| **3rd Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | Able to pick up all children in the family  Not able to pick up the following children: | |
| Home Address | City | | State Zip Code | |

**Emergency Medical Authorization**

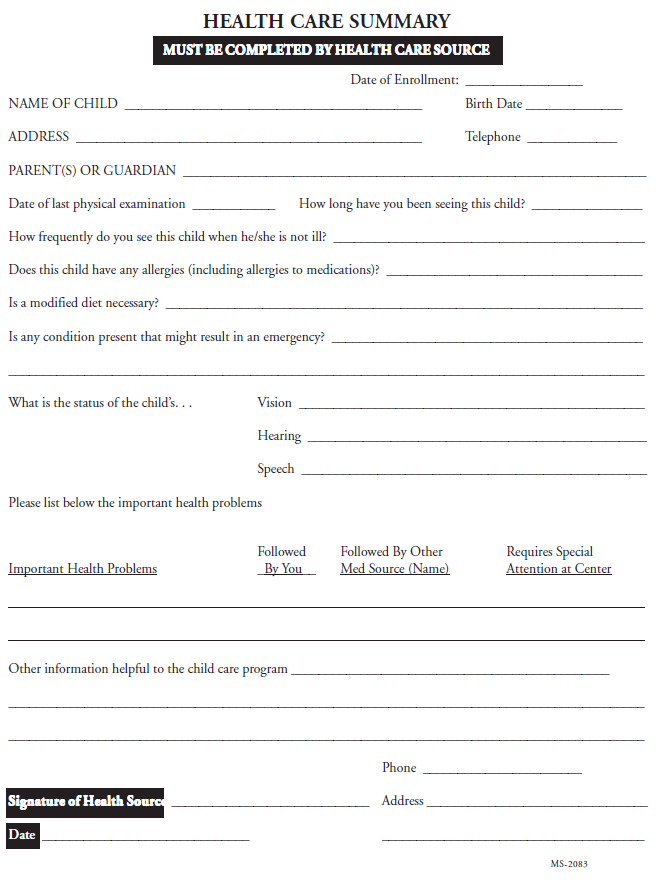
In the event of an emergency, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Creative Stars Academy permission to obtain   
 (parent/guardian name)   
emergency medical care and/or treatment for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
 (child’s name)

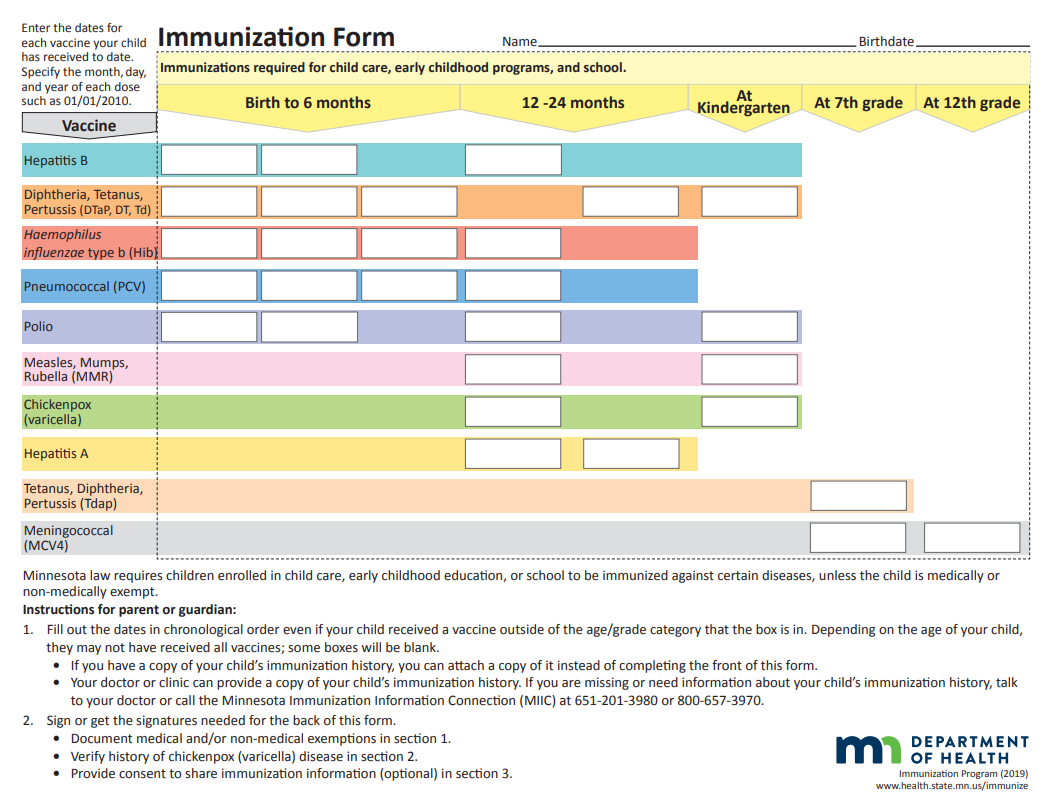
Parent/s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Parent Authorization (circle your answer)**

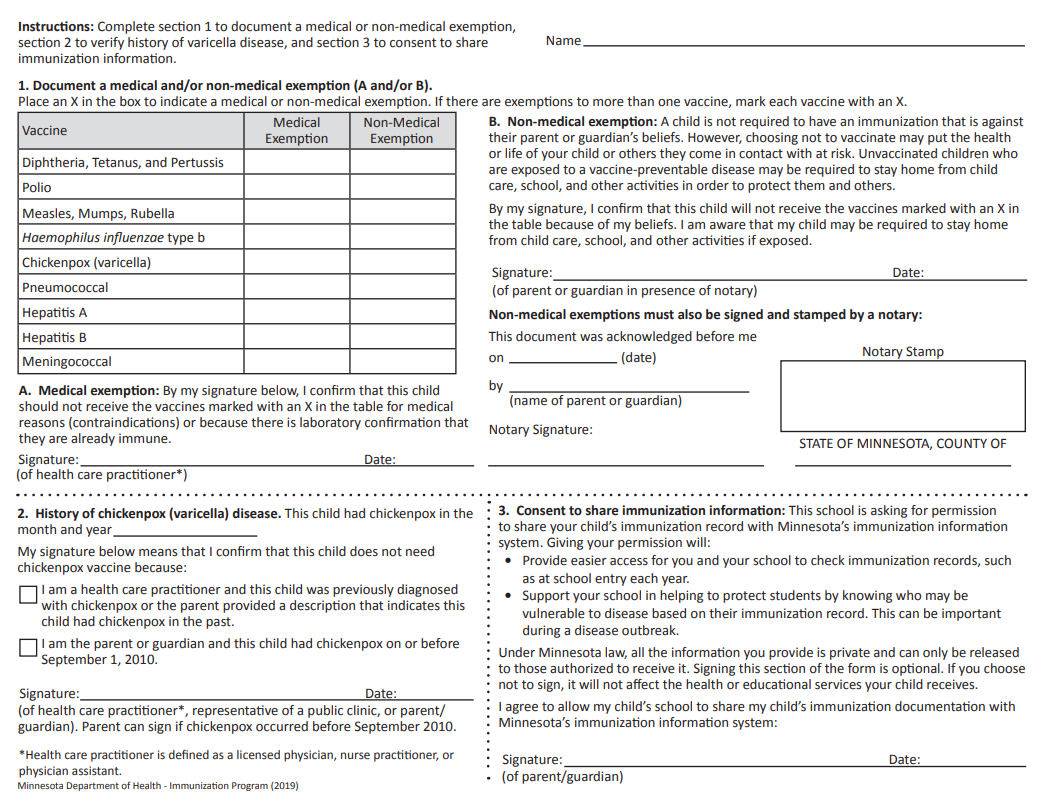
1. Creative Stars Academy staff **is / is not** permitted to administer sunscreen to my child
2. Creative Stars Academy staff **is / is not** permitted to use my child’s name and/or to take pictures/video at the facility which can be shared with families, posted within our facility, used for ongoing staff professional development and promoted via social media including, but not limited to our website, Facebook, newsletters, news articles, etc.
3. I **do / do not** permit my child to be observed by local early childhood students for practicum purposes   
   (all names and details will remain confidential)

**Parent Teacher Conferences**

Creative Stars Academy uses Teaching Strategies Gold to formally assess all children and ensure all age appropriate and developmental learning domains are being met. Children will be assessed 4 times a year: Fall, Winter, Spring, and Summer. Assessment results will be put into a summary form by lead teachers and will be shared in-person at conferences conducted during the Fall and Spring. During this time, teachers and parents will discuss their child’s development and growth. Parents will be required to review all information with teachers as well as sign and date the recognized form. A copy will then be kept in the child’s file. For teachers to collect enough data on each child to form a conclusive assessment, a child must be attending the Academy at least 24 hours per week. For children who are less than 24 hours per week, teachers will communicate their observations via online communications as well as verbally regarding child’s daily activities, behaviors, etc.

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**Enrollment Questionnaire for Infant, Toddler, and Preschool**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s)/Guardian(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages Spoken in the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Language for Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best method of communication for family (Check all that apply):

Written Communication (notes, social media, website, flyers, newsletters, etc.)  Email  Text/Communication app

Phone call  Verbal at pick up/drop off

Any cultures, backgrounds/interests, or traditions your family may celebrate that you would like staff to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eating/Feeding Habits**

*Infants Only*

Does your child use (Check all that apply): Breast Milk Formula (please specify brand) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whole Milk

\*\*For child comfort we ask that families provide all bottles including nipples. Mothers are always welcome to come feed child personally.   
For mother’s comfort there is a designated nursing area within our facility.

On average how often does your child eat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much per feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All age groups*

Child’s Eating Habits such as likes/dislikes/schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Toileting Habits**

Is your child potty trained: Yes No Does your child need to be reminded to use the restroom: Yes  No

Does your child use any creams/powders/ointments during their diapering routine (please list): Yes  No  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special instructions for staff during the diapering/toileting routine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleeping/Nap Routine**

How often/how long/how does your child normally fall asleep/special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please Note: Staff are required to place infants in their beds without anything other than the infant’s pacifier per licensing

Any special quiet comfort items that will help your child feel the most comfortable (items will try to be limited to naptime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**General Questions**

How does your child like to be comforted; are there any special tricks or advice you can give the staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**What kind of child care environment/atmosphere has your child been in preceding the academy**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
Please provide us with any other background, interests, or information Creative Stars Academy management and/or staff may find helpful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  
Director or other Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Finalizing Registration**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hold Fee**

**Expecting Families/Families enrolling more than 10 business days out:** A $50 one-time, non-refundable registration fee as well as a one-month non-refundable deposit is required to hold your spot. Two weeks will be used to cover your last two weeks of care if leaving Creative Stars Academy.

**Infant:** A $50 one-time, non-refundable registration fee as well as a three-week non-refundable deposit is required to hold your spot. One week will then go towards your child’s tuition once beginning at Creative Stars Academy and two weeks will be utilized for your last two weeks of care if leaving Creative Stars Academy.

**Toddler & Preschool:** A $50 one-time, non-refundable registration fee as well as a two-week deposit is required to hold your spot. The two-week deposit will be used to cover your last two weeks of care if leaving Creative Stars Academy.

Please submit the above registration forms and registration fees to:

Creative Stars Academy  
1835 19th Ave. NW.  
 Rochester, MN 55901   
or

[director@creativestarsacademy.org](mailto:director@creativestarsacademy.org)

**Please note, registrations will not be processed without the one-time Registration fee.**

**AUTHORIZATION:**

*$50.00 non-refundable registration fee + \_\_\_\_\_\_\_\_\_ weeks deposit in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_*

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_

Amount Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Enclosed: Amount $\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_

I agree to pay the above total amount:  Yes  No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Creative Stars Academy Contract**

This contract is made between the parent(s)/guardians:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_name of parent(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_address of parents(s)  
*And*   
Creative Stars Academyfor the care of the following children:

child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The payment for care shall be $\_\_\_\_\_\_\_\_\_\_\_\_\_ per week and reflects a schedule as follows with an anticipated start date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month, date, year):

☐ Monday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.

☐ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.

☐ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.

☐ Thursday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.

☐ Friday \_\_\_\_\_\_\_\_\_\_\_\_A.M. to \_\_\_\_\_\_\_\_\_\_\_\_P.M.

If a parent is going to be late picking up the child, every effort must be made to contact CSA. A late pick up fee of $1 will be charged for *every* minute child is left beyond closing time (6:00 pm).

Payment by direct withdrawal is due to CSA in advance for care taking place the following week and is to be paid every Friday by noon. Payment by cash or check is due on Monday for the week of by noon.

*Accepted methods of payment include: cash, personal check, credit card, or money order.*

If a personal check is returned due to a lack of funds, the parent/guardian must pay a $30 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment. If a payment is not made on time, the following fee will apply: $10 for every day thereafter.

**State Payments:**

If you are receiving state program funding, please list details of your payment policy on the following lines:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please Note:** *Families using state subsidy programs are responsible for paying any and all amounts* ***not*** *covered by the state.*

**Payments during Holidays, Vacations, and Other absences:**

Creative Stars Academy will not be open for business on the following Holidays:

*New Year’s Day President’s Day Easter Day Memorial Day Labor Day Independence Day Thanksgiving Day & The Day After Christmas Eve Day & Christmas Day  
\*\*\*Typically, if a holiday falls on a Saturday, Friday we will be closed. If the holiday falls on Sunday, Monday we will be closed. Days will be posted. Full payment* ***must*** *be paid for these holidays. These holidays are paid holidays for our Academy, for all children, full or part time.*

If a parent plans on taking a vacation and the child will not be in care, CSA must be given four- week notice. Parents are expected to pay during their scheduled vacations.

When a child is ill, the parents are expected to make every effort to give CSA as much notice as possible. Parents are stillexpected to pay on days children may be out ill.

If a child does not arrive for the day and no notice has been given to CSA staff, parents are still expected to pay.

**Termination Procedures:**

This contract may be terminated by the parent(s) or the center. A two-week notice prior to the last date of care is required to do so.

*Creative Stars Academy may immediately terminate this contract without any notice if payment is not made on time.*

**Other:**

• *If CSA chooses not to enforce any portion of the contract, it does not give up the right to enforce any other portion of*

*this contract.*

• *This contract can be revised at any time by Creative Stars Academy if necessary and CSA reserves the right to terminate care at any time for the following reasons:*

*- Continuous late pick-up*

*- False information of parent or guardian*

*- Continuous challenging behavior of child with lack of communication and help from the parents*

*- Any other reason deemed appropriate by Creative Stars Academy*

**Signatures:**

The signatures below indicate agreement with this contract and with the written policies of Creative Stars Academy (contained in a separate document). Creative Stars Academy may change policies as needed with advance written notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name Parent’s signature/date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name Parent’s signature/date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Creative Stars Academy signature/date

*If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms*