

Enrollment Agreement Form

Please enroll my child, _____, in the University of Northern Iowa Child Development Center for the _____ semester.

- I understand that enrollment is on an entire semester basis, with regular billing, and that if I withdraw my child from the Center less than two weeks before the start of the semester or summer session, I will be charged a \$100.00 default fee. I am required to give a written notice two weeks prior to his or her withdrawal (policy 406).
- I understand that in order for the Center to exhibit sound financial standing, the following are required:
 1. A \$30 nonrefundable one-time registration fee upon enrollment (policy 404).
 2. A \$20 monthly supply fee separate from regular tuition intended for consumable classroom materials. Multiple child discounts apply (policy 404).
 3. Payment of tuition in a timely manner according to this binding contract or disenrollment may occur (policy 407).
 4. A late charge of \$1.00 per minute picked up after closing time.
 5. No refunds will be made for child absences due to illness, vacation or emergency closings (policy 303, 407)

- Currently, my/our status is:

____ Faculty: _____
(name of faculty and ID number)

____ Staff: _____
(name of staff and ID number)

____ Student: _____
(name of student and ID number)

____ Enrolled ***less than half-time or non-degree status***

____ Enrolled ***at least half-time and working towards a degree***

- I plan to pay tuition and monthly supply fee by the following method:

____ Payroll Deduction (faculty/staff only)

____ Cash, Check, Money Order due in the following installments:

____ One full payment due at the end of the first month each semester

____ Two equal payments due at the end of the first month and second month of each semester

____ Four equal payments due at the end of each month of each semester

____ For summer only: monthly payment due at the end of each session

____ Head Start Funding (registration fee and supply fee **Do Not** apply; late fees and default fees **DO** apply)

____ DHS Funding

(Date)

(Parent Signature)