

## Arco Iris Bilingual Children's Center Registration and Enrollment Form

Child's Name Last: _____ First: _____ M.I.: _____		Nickname Used	Birth Date
Street Address		City	Zip Code
Primary Contact Person Name	Relationship:	Cell Phone # ( ) -	Alternative Phone # ( ) -
Street Address		City	Zip Code
Address where you can be reached while child is in care		City	Zip Code
Secondary Contact Person Name	Relationship:	Cell Phone # ( ) -	Alternative Phone # ( ) -
Street Address		City	Zip Code
Where will you be during the day? Street Address		City	Zip Code
Is the child of Hispanic/Latino/Spanish Origin? <b>Circle One:</b> YES / NO			
What is the Race/Ethnicity? <b>Circle One:</b>			
Black or African-American / White / American Indian / Some Other Race (Print race: _____)			
Primary language spoken at home:			
Individualized Family Service Plan (IFSP) / Individualized Education Program (IEP) Enrollment Confirmation, and Payment			
Arco Iris welcomes everyone! For this reason, we would like to know if your child has been diagnosed IFSP/IEP. If so, are you willing to provide a copy of his/her records? <b>Circle One:</b> YES / NO			
Please enroll my child(ren) at Arco Iris Bilingual Children's Center. I agree to pay the registration fee of \$130.00, follow the rules in the Parent Handbook, and pay one of the following rates below ( <b>check only one of the eight boxes below</b> ). If two children, a sibling discount (5% off the lowest-priced tuition) will be applied.			
Tuition Rates:			
<input type="checkbox"/> 2-Year-Olds (Weekly): \$ <b>320</b>			
<input type="checkbox"/> 2-Year-Olds (Bi-weekly): \$ <b>640</b>			
<input type="checkbox"/> 3-to-5-Year-Olds (Weekly): \$ <b>300</b>			
<input type="checkbox"/> 3-to-5-Year-Olds (Bi-weekly): \$ <b>600</b>			
Sibling discount?			
<input type="checkbox"/> Yes, a 5% discount will be deducted from the lowest-priced tuition.			
<input type="checkbox"/> No			
_____ Primary Contact Email			
_____ Secondary Contact Email			
OFFICE USE ONLY:		CLASSROOM NAME:	
Desired Start Date: _____			
Notes:			

## Arco Iris Bilingual Children's Center (AIBCC) Registration and Enrollment Form

I hereby acknowledge that I have filled out all the required documentation as stipulated in the Parent Handbook, paid for the registration fee, paid the tuition deposit, and by signing the acknowledgement below agree to all the rules, requirements, conditions, as well as my responsibilities. I also hereby agree to the following tuition policies regarding payments:

1. To pay the \$130 per child registration fee. See the Enrollment and Tuition & Rates Fee section of the Parent Handbook for more information.
2. To pay at least the weekly tuition of \$320.00 (2-year-olds) or \$300 (3-to-5-year-olds). Siblings get a 5% discount off the lowest-priced tuition. See the Enrollment and Tuition & Rates Fee sections of the Parent Handbook for more information.
3. To give AIBCC fourteen (14) days written notice if I will need to withdraw my child(ren). Written notice must be given to the Director or the Assistant Director. Not doing so voids your right to any refunds. See the Enrollment and Withdrawal sections in the Parent Handbook for more information.
4. To give the AIBCC Director any changes in my child(ren)'s daily schedule by making a written statement with the Director two (2) weeks prior to the effective change in schedule. See the Tuition & Rates Fee and Communication sections of the Parent Handbook for more information.
5. Acknowledge that tuition rates are based on a weekly or bi-weekly rate and there will be **NO TUITION REFUNDS** due to illness, inclement weather, labor strikes, vacation time, power and/or water outages, holiday closings or other legitimate conditions beyond the control of AIBCC. See the Tuition & Rates Fee section of the Parent Handbook for more information.
6. Acknowledge that checks will no longer be accepted as a means of payment; only the Brightwheel platform (using credit card or ACH payments) and cash will be accepted. See the Tuition & Rates Fee section of the Parent Handbook for more information.
7. To pay a late fee of \$50 if, for whatever reason, an account cannot be paid in a timely manner. See the Tuition & Rates Fee section of the Parent Handbook for more information.
8. To pay a \$150 Summer Hold Fee (per child, per month) if my child will not attend AIBCC between the graduation date in June and the first week of school. This is a flat rate and is for both single children and multiple children of a family attending AIBCC. See the Tuition & Rates Fee section of the Parent Handbook for more information.
9. To pay tuition during the late December and August AIBCC closings. See the Tuition & Rates Fee and Absences, Holidays, and Closings sections of the Parent Handbook for more information.
10. To notify the AIBCC Director or Assistant Director when my 2-year-old child (if applicable) turns 3 years old so that the lower tuition rate can become effective; failure to notify AIBCC will result in the higher tuition rate for the month. There will be no refunds for days/weeks under the higher rate. See the Tuition & Rates Fee section of the Parent Handbook for more information.
11. To notify AIBCC **by phone** if I anticipate arriving after 9 am, or if my child(ren) will be absent for the day, or if I will be late in picking up my child(ren) child at the end of the day. If I do not arrive by 5:30 pm (according to the teacher's watch or the clock by the sign-in sheet), **an overtime charge of \$5 for the first five minutes and \$2 for every minute thereafter will be charged. This will be paid in cash immediately to the teacher. A failure to pay in cash will result in the charge being applied to the Brightwheel payment platform, plus 5% to cover processing charges and banking wire fees.** See the Drop-off and Pick-up Policy and the Tuition & Rates Fee sections of the Parent Handbook for more information.
12. Acknowledge that there will be a yearly increase in tuition costs.
13. Acknowledge that AIBCC reserves the right to make changes in tuition rates and/or policies at will. Any such changes will be made known to me in writing or verbally, and every attempt will be made to give me at least one week's notice of such changes. See the Tuition & Rates Fee section of the Parent Handbook for more information.

\_\_\_\_\_  
 Carolina Reyes (Electronically Signed)  
 Signature, Arco Iris Bilingual Children's Center, Director

\_\_\_\_\_  
 Carolina Reyes  
 Printed Name

\_\_\_\_\_  
 Primary Contact Name  
 Printed Name and Signature

\_\_\_\_\_  
 Secondary Contact Name  
 Printed Name and Signature

\_\_\_\_\_  
 Child(ren)'s Name(s)

\_\_\_\_\_  
 Date