

ADMISSIONS AGREEMENT

COVID: FALL 2020-2021

- I agree to pay an annual Fall Registration Fee of \$100 per family.
- I agree to only a full-time spot: 8 am to 4 pm Monday-Friday.
- I agree to pay \$1200 per month.
- I understand there is a 10% family discount and a 15% 3rd child discount.
- I understand there will be no refunds for days missed for illness, holiday's or outside classes or activities.
- I agree to pay tuition by the first of the month, and understand it is late by the 10th of the month. All fees will be automatically withdrawn from our ProCare system unless otherwise noted. If Tuition is not paid by the 10th of a month, a 10 % late fee will be applied. If the balance is not paid by the last day of the month, an additional 10% fee will be applied.
- I agree to have a checking account on file with VVCC for delinquent payments. Deductions of this kind will be made after 45 days of non-payment. I agree to pay the declined check/payment fee of \$30.
- I understand we have a one-week family vacation credit to use during the school year. VVCC will credit back 25% of our tuition for that month. Suggested weeks: Thanksgiving Week or Spring Break. VVCC needs this in writing by the first of the month.
- I agree to the late pick up fees of \$10 per 10 minutes after 4 pm or otherwise stated end of day. This fee is per family.
- I agree to a 30-day cancellation of services policy. No refunds will be generated.
- I agree this agreement may be terminated by VVCC at any time. A child may be disenrolled by the Center without prior notice, if the sole opinion of the Center, it is in the best interests of the child or the Center to dis-enroll the child.
- Note: Child Abuse Reporting-the staff at VVCC are mandated by the state of California to report all cases of suspected child abuse.
- The California State Department of Social Services or any other public agency authorized by CDSS to assume such responsibilities shall have the authority to interview children or staff, and to inspect and audit school records without our prior consent. The Center shall make provisions for private interviews with the child(ren) or staff member, and for the examination of all records relation to the operation of the center. The Department shall

also have the authority to observe the physical condition of the child(ren), including condition that could indicate abuse, neglect, or inappropriate placement.

- The health of our teachers, your family, and children are our top priority. These Terms & Conditions follow CDC, California Community Care Licensing, and Public Health Department guidelines.

By signing below, I agree to VVCC's terms and conditions above.

Child's Name: _____

Parent/Guardian Signature: _____ Date Signed: _____

Center Director Signature: _____ Date Signed: _____