

# The Children's Discovery Center

## CONTRACT OF DEPOSIT AND ACCOUNT AGREEMENT

"In order to secure a position on the Waiting List for enrollment in the Children's Discovery Center or The Discovery School, I understand that I must put down a deposit of \$300, and I must choose an **enrollment deadline** for my child. This date is based on my preferred latest date of enrollment (after which date, you would not enroll your child due to your own time constraints with childcare needs) and the director's prediction of possible openings in the school. I understand that the Director of the Children's Discovery Center South will predict to the best of his or her knowledge the earliest possibility of enrollment for my child, but that this estimation is in **no way a guaranteed** date of enrollment. I may provide my ideal start date for my child, but this date has no effect on your deposit and is only used for scheduling purposes.

1. I understand that I must remain on the waiting list until my enrollment deadline arrives. If a space for my child becomes available by the deadline I have chosen and I choose not to enroll, I understand that I will forfeit the entire deposit. (The deposit is non-refundable if I withdraw my child from the waiting list! You may choose to delay starting, but again, the deposit is not refundable.)
2. If there is no space upon the arrival of my enrollment deadline: I may ask for a full refund of my deposit, only if Children's Discovery Center is not able to enroll my child by my enrollment deadline and I do not want to continue to be on the waiting list. (You may choose to remain on the waiting list for the next available opening with no penalty.)
3. After my child starts attending the school, one-half of the enrollment deposit will be converted to a registration fee, which is non-refundable. (In order to receive a refund of the other half of the deposit, you must provide the Director with 30 days' written notice of termination of your child's enrollment. Refunds will be mailed within 30 days of my child's last day of enrollment. I understand that my child's tuition must be paid in full to receive any refund.)
4. I understand that when withdrawing my child from the program, a minimum of a thirty-day advanced written notice (oral notice is insufficient) is required prior to the expected date of withdrawal. The obligation for full payment of tuition and fees will continue until the date indicated by the written notice (email is the preferred method of providing notice, because emails are time stamped). When notice is adequately provided, and all accounts are paid in full, CDC will be able to refund the \$150 deposit payment. Please note that if less than thirty-days' notice is given, you will still be responsible for tuition and fees for the thirty-days following your notice of withdrawal and your deposit will no longer be refundable. Should CDC have to go through a collection process for outstanding balances, I understand and agree to pay all related and reasonable agency and/or attorney fees, plus all attendant collection costs and/or court costs.

**\*\*Review the enrollment process and include any notes about your child's enrollment on the backside of this sheet.\*\***

### Please fill in the following information completely:

Child's Name (First and Last):		Child's Date of Birth (Expected Date):	
Enrollment Deadline (Date Required, No ASAP):		Ideal Start Date:	
Anticipated Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> M/W/F <input type="checkbox"/> T/Th		Date Toured:	
Check box if you are willing to take a space before your enrollment deadline: <input type="checkbox"/>			
Name of Parent/Guardian: (Primary Account*)		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, specify:	
Daytime Telephone Number (Area Code First): Personal: ( ) -		Email*:	
Entire Address (Street, City, State, Zip):			
Name of Parent/Guardian: (Secondary Account*)		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, specify:	
Personal (Area Code First): ( ) -		Email*:	
Parent/Guardian Signature:		Parent/Guardian Signature:	Date:
OFFICE USE ONLY: <input type="checkbox"/> SC <input type="checkbox"/> ENROLLMENT STATUS <input type="checkbox"/> WL <input type="checkbox"/> PAID LAST NAME IN SC:			

\*An email address is required for access to SmartCare. If already enrolled in a program that uses SmartCare, you will have to provide a different address than the one used previously. Only the primary account owner will have billing access.

