

**WATCH ME GROW DAYCARE
CENTER OF WESTERN NEW YORK**

2550 Union Road
Cheektowaga, New York 14227
(716) 656 - 8050



Dedicated to the growth of children

May 1, 2020

Dear Parents:

Open enrollment for the Fall of 2020 (School year beginning on Tuesday, September 8th) will begin on Monday, June 1, 2020. **Priority** will be given to all children currently attending our Center, as well as their siblings. Therefore, they will be able to register beginning on **Monday, May 4, 2020.**

If you would like to reserve a spot for your child for the Fall of 2020, please complete the attached three (3) forms, and return to us with the yearly registration fee of \$30.00 + (one week's tuition) **OR** \$30 + (page 3 of the registration packet), by **Friday, May 29th.** The one-week of tuition will be applied to your child's last week of care.

If you register your child for the Fall of 2020 (which begins on Tuesday, September 8th) and choose to leave the Center prior to September 30th, 2020, **BOTH** your \$30.00 registration fee **AND** your security deposit of one (1) week's tuition is **NON-REFUNDABLE!** It will **not** be applied to your child's last week of care if your child withdraws from the Center prior to September 30, 2020.

This is the only way we can guarantee your child a spot for the fall. Failure to register your child for the fall on or before Friday, May 29, 2020 will not guarantee your child a spot in the Center past Friday, September 4, 2020. We will open our fall enrollment to the general public on Monday, June 1, 2020.

If you have any questions, please do not hesitate to ask.

Sincerely,

Watch Me Grow Daycare Center

***** Our Pre-K program follows the same guidelines used by the Universal Pre-K Program, with an emphasis on Kindergarten readiness.

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**REGISTRATION FORM
Before/ After School and School Holidays
2020**

Child's Name: _____ Age: _____

Male Female Birthday: _____

Grade (In September): _____ School: _____
Date: _____

Parent(s) Name: _____ Phone: _____
_____ Phone: _____

Address: _____

Starting Date for Care: _____

Estimated Arrival Time: _____

Estimated Departure Time: _____

Days Care Needed: MON. TUE. WED. THU. FRI.

Before & After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before School Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Holidays: _____ YES _____ NO

How did you hear about our Center? _____

For office Use Only:

Registration Fee Due: _____

Security Deposit Due: _____

Amount Paid: _____

Check Number: _____

Date Paid: _____



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I understand that upon enrolling my child in the Center, a \$30.00 registration fee and one (1) week's tuition must be paid to the Center. The one (1) week of tuition will be applied to my child's last week of care. If my child does not attend the Center, I understand that the enrollment deposit (both the one (1) week of tuition & registration fee) are **NON-REFUNDABLE**.

I understand that if I register my child for the fall of any given year AND choose to transfer the one (1) week of tuition to my child's fall registration, both the one (1) week of tuition and registration fee are **NON-REFUNDABLE** if my child withdraws from the Center prior to September 30th of that same year. In this case, I also understand that the one (1) week of tuition that I transferred to my child's fall registration will **NOT** be applied to my child's last week of care if my child withdraws from the Center prior to September 30th. In this instance, I understand that I am responsible for the full amount of tuition for my child's last week of care.

I agree to comply with the policies and procedures as set forth in the Parent Handbook. I understand the fee schedule and that tuition is due weekly, in full, on or before the first day of the period for which my child will be attending. I understand that failure to pay tuition in a timely manner will result in a \$10.00 late fee for any given week, on any and all unpaid balances, and may result in loss of enrollment.

I understand that I am responsible for payment of tuition regardless of vacations, illness, holidays, Center closings or any other absenteeism.

I understand that I must call the Center by 8:30 AM to notify the Center of my child's absence in order to be eligible for a make-up day IF my child is enrolled in the Center on a part time basis. I understand that make-up days are a courtesy & are granted pending availability. I understand that make-up days can only be used on days my child is not normally scheduled and cannot be substituted for payment of tuition for my child's normally scheduled days.

I also agree to give the **Center at least two (2) weeks WRITTEN notification of withdrawal** of my child from the Center. I understand that I am still responsible for two weeks of tuition even if I fail to give two (2) weeks notice of withdrawal from the Center.

I agree to pay all of Watch Me Grow Daycare Center of WNY Inc.'s cost and expenses, including attorney fees and interest, in any way relating to the collection of the amounts due here or to the enforcement or protection of the rights of Watch Me Grow Daycare Center of WNY Inc.

I agree to release and hold harmless Watch Me Grow Day Care Center of WNY, Inc., its officers, directors, shareholders, employees, representatives and agents from any and all claims arising out of or related to the services to be rendered pursuant to this agreement other than as a result of the gross negligence or willful misconduct of Watch Me Grow Daycare Center of WNY, Inc.

I have also provided the Center with all pertinent medical and health information regarding my child as well as emergency notification information. I agree to keep the Center informed of any changes regarding this information.

I also authorize the Center to provide and/or arrange for treatment in case of a medical emergency.

I give my permission for Watch Me Grow Daycare Center of WNY, Inc. to videotape and photograph my child for use in the Center, marketing materials, our website, and social media.

Signature of Parent/Guardian-Mother Date Signature of Parent/Guardian-Father Date

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Child's Name: _____

I would like to transfer my deposit of one (1) week's tuition to my child's fall registration deposit. I understand that this deposit is **NON-REFUNDABLE** if I choose to withdraw my child from the Center prior to September 30th of this same year and that it will **not** be applied to my child's last week of care if I choose to withdraw my child from the Center prior to September 30th of this same year.

I understand that I will be responsible for payment of tuition for my child's last week of care if my child withdraws from the Center prior to September 30th and will forfeit the one (1) week of tuition that I transferred to my child's fall registration deposit.

I understand that this is the only way to guarantee my child a spot for the fall. I also understand that failure to register my child for the Fall on or before Friday, May 29, 2020 will not guarantee my child a spot in the Center after Friday, September 4, 2020.

Parent Signature

Date