



Registration Forms





CHILDREN'S
discovery center

Dear Parents:

I am honored that you are considering entrusting the care of your child to the teachers and staff at Children's Discovery Center. As a parent myself, I understand how important and difficult your decisions about child care can be.

When I founded Children's Discovery Center 35 years ago in Toledo, Ohio, it was based on the belief that families, just like yours, want a warm, welcoming, secure environment in which children's unique interests and abilities will be nurtured and developed.

In order to bring the most exciting and innovative techniques to the Mount Pleasant community, I have traveled to some of the most renowned child care facilities and children's museums around the country and abroad.

Today, we have refined the Reggio Emilia method into what we refer to as the "Inspired Approach to Learning." Reggio Emilia is unlike any other educational philosophy out there. It truly encompasses all a child has to offer. Our trained teachers encourage children to use their *100 languages* to see, touch, and do – to draw, paint, weave, plant, write, take photos, sculpt in clay and more. Of course, real learning in all academic areas including reading, math, science, foreign language and music take place while children are immersed in activities and projects. In addition to all of this, we will also offer art courses and other enrichment opportunities such as foreign language, music and dance.

Because we believe so strongly that education begins with discovery, our centers include children's museum exhibits. These exhibits are featured in our discovery room as well as throughout the classrooms. This center will include many exhibits that reflect the Lowcountry community, culture and surroundings.

So with excellence as our mantra, innovation as our distinctive and faith as our foundation, it is my hope that you will find peace of mind in knowing Children's Discovery Center is committed to providing the very best care for your child.

Sincerely,

Lois Rosenberry
Founder and CEO
Children's Discovery Center



2017 - 2018 Tuition Information

New Enrollees		Youngest Child	Additional Child(ren)	
FULL DAY/M-F	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
Children 0 – 16 months	\$550	\$1,192	\$523	\$1,133
Children 16-36 months	\$540	\$1,170	\$513	\$1,112
Children 3 + older	\$520	\$1,127	\$494	\$1,070
		PART TIME		
16-36 months T/TH (full-day)	\$270	\$585	\$257	\$557
16-36 months M/W/F (full-day)	\$405	\$878	\$385	\$834
Age 3 + T/TH (full-day)	\$260	\$563	\$247	\$535
Age 3 + M/W/F (full-day)	\$390	\$845	\$371	\$804

Circle your desired program. Form to be completed and returned to Children's Discovery Center with a \$100 registration fee (for new families). Registration fee is non-refundable. A security deposit equal to one week's tuition will be due upon enrollment. Tuition is due and payable according to the bi-weekly or monthly option chosen, and the current tuition schedule. Any child over three years who is not toilet-trained will be charged the rate of children 16-36 months. All policies posted in the Children's Discovery Center handbook apply.

***Tuition includes Stretch & Grow, Spanish, Art & Music Classes.

Limited School-Age Enrollment at Park West Location Only - Age 5 - 10 After School Program includes snack & transportation to Laurel Hill & Jennie Moore Elem.

Age 5-10 M - F 2:40-6:15	\$210	\$455	\$200	\$433
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FORMS WILL BE ENTERED FOR ENROLLMENT ON A FIRST-COME, FIRST-SERVED BASIS.

Parent's Signature: _____ Date: _____



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2017 - 2018 Bi-Weekly Tuition Schedule

TUITION DUE DATE	CLASS DATES	SCHEDULE NOTES
July 31	July 31 - August 11	
August 14	August 14 - 25	
August 28	August 28 - September 8	<i>School Closed</i> -IN-SERVICE TRAINING DAY: September 1 <i>School Closed</i> - LABOR DAY: September 4
September 11	September 11 - 22	
September 25	September 25 - October 6	
October 9	October 9 - 20	
October 23	October 23 - November 3	
November 6	November 6 - 17	
November 20	November 20 - December 1	<i>School Closed</i> - THANKSGIVING: November 23 - 24
December 4	December 4 - 15	
December 18	December 18 - 29	<i>School Closed</i> - CHRISTMAS: December 25 - 26
January 1	January 1 - 12	<i>School Closed</i> - NEW YEAR'S DAY: January 1
January 15	January 15 - 26	
January 29	January 29 - February 9	
February 12	February 12 - 23	
February 26	February 26 - March 9	
March 9	March 9 - 23	
March 26	March 26 - April 6	
April 9	April 9 - 20	
April 23	April 23 - May 4	
May 7	May 7 - 18	
May 21	May 21 - June 1	<i>School Closed</i> - MEMORIAL DAY: May 28
June 4	June 4 - 15	
June 18	June 18 - 29	
July 2	July 2 - 13	<i>School Closed</i> - INDEPENDENCE DAY: July 4
July 16	July 16 - 27	
July 30	July 30 - August 10	

*Methods of payment: check, cash and Electronic Funds Transfer (EFT) • Late fees may apply.

where education begins with discovery



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2017 - 2018 Monthly Tuition Schedule		
TUITION DUE DATE	CLASS DATES	SCHEDULE NOTES
July 25	August	
August 25	September	<i>School Closed</i> - IN-SERVICE TRAINING DAY: September 1 <i>School Closed</i> - LABOR DAY: September 4
September 25	October	
October 25	November	<i>School Closed</i> - THANKSGIVING: November 23-24
November 25	December	<i>School Closed</i> - CHRISTMAS: December 25-26
December 25	January	<i>School Closed</i> - NEW YEAR'S DAY: January 1
January 25	February	
February 25	March	
March 25	April	
April 25	May	<i>School Closed</i> - MEMORIAL DAY: May 28
May 25	June	
June 25	July	<i>School Closed</i> - INDEPENDENCE DAY: July 4

*Methods of payment: check, cash and Electronic Funds Transfer (EFT) • Late fees may apply.





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2017-2018 Application Form

Child's Name(s): _____ Date of Birth: _____

Child's Name(s): _____ Date of Birth: _____

Parent's (Guardian's) Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Preferred Location: Venning Rd. Park West

Requested Start Date: _____

Child's daily schedule: M T W Th F

Send applications and deposits to:

Children's Discovery Center

1110 Venning Road, Mount Pleasant, SC 29464

OR

3300 Stockdale Road, Mount Pleasant, SC 29466 (Park West)





Discipline Policy

Since discipline involves teaching children appropriate behaviors, the primary method of discipline used at Children's Discovery Center is positive guidance. Staff members will model appropriate behaviors, minimize the use of negatives and employ the following strategies when working with children:

1. Redirecting behavior or offering another activity.
2. Reflecting children's feelings by saying *"you look sad"* or *"can you tell me why you are upset?"*
3. Encouraging positive strategies, such as *"use a soft touch with your friends."*
4. Offering conflict resolution techniques, such as *"we have a problem, what can we do about it?"*
5. Reinforcing positive choices, such as *"I like the way you are helping to clean up the room."*
6. Using positive language, such as *"use your walking feet," "use your inside voices,"* etc.

The child will be taught obedience through positive reinforcement which will help him/her to develop a healthy respect for self and others. The child will be guided to understand that even though his/her behavior was unacceptable, he/she is still loved and cared for. Each child shall be treated with dignity and respect. If deliberate disobedience continues, or the child is consistently disruptive or destructive, Children's Discovery Center reserves the right to dis-enroll a child who cannot respond to our discipline. However, our intent is always to work with parents collaboratively for a successful outcome.

CHILDREN'S DISCOVERY CENTER DOES NOT PERMIT CORPORAL PUNISHMENT.

In addition, staff are prohibited from using the following methods of discipline: hitting, shaking, restricting a child's movement, inflicting mental or emotional punishment, depriving a child of meals or snacks, or confining a child to an enclosed area. Staff members witnessing inappropriate discipline or behavior must report it to the director immediately.

I understand and agree to the above discipline policies:

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



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Photo Release

I grant to Children's Discovery Center, its representatives and employees the right to take photographs and video of my child for promotional purposes. I authorize Children's Discovery Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Children's Discovery Center may use such photographs and video of my child for any lawful purpose, including publicity, illustration, advertising and Web content.

Child's Name: _____

Parent's Signature: _____ **Date:** _____





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“No Babysitting” Policy

Staff members may not babysit for families with children enrolled in our program.

If Children’s Discovery Center parents wish to have Children’s Discovery Center staff members babysit for their children, they and the teacher must agree to sign a hold harmless agreement which will waive the **“no babysitting policy”** for that situation. By signing a hold harmless agreement, parents are acknowledging that they are aware of the no babysitting policy. By choosing to bypass the policy, parents are accepting full responsibility for the outcomes. If a staff member does provide babysitting services, the staff member is acting entirely in his or her individual capacity. Children’s Discovery Center will not be accountable or liable for any actions of the staff member while he or she is babysitting.

In addition, Children’s Discovery Center staff members are advised that if they are found to be babysitting for a Children’s Discovery Center family without a valid, complete and current **“hold harmless”** agreement bearing the signatures of the parents and the staff member, that staff member may be terminated. Hold harmless agreements are to be renewed annually, or whenever the parents hire a different staff member as a babysitter.





DSS Regulations

DEAR PARENTS:

Date: _____

Please read and review the following written policies which are required for DSS:

1. Release of Children – Children will only be released to those persons listed on the authorization form. I understand that an original photo ID is required for pick up. I also understand that a code word is required for the release of my child _____ to anyone other than myself. Our family code word is _____.

Parent's Signature: _____

2. Discipline and Behavior Management – Since discipline involves teaching the child appropriate behaviors, Children's Discovery Center's primary method of discipline is positive guidance which includes re-direction, problem solving and positive reinforcement. I understand that CHILDREN'S DISCOVERY CENTER DOES NOT ALLOW CORPORAL PUNISHMENT under any circumstances. I have read Children's Discovery Center's discipline policy and agree to follow these policies.

Parent's Signature: _____

3. Administration of Medication – Children's Discovery Center will only administer medication in certain situations. I have read the policies and procedures for administering medication, and I agree to abide by these policies.

Parent's Signature: _____

4. Confidentiality – I understand Children's Discovery Center safeguards the confidentiality of all records of the children who attend Children's Discovery Center, and asks that parents also maintain the privacy of children at the center.

Parent's Signature: _____

5. Tracking – I understand that Children's Discovery Center staff members who are responsible for children maintain an attendance sheet which tracks children as they enter/exit the center, are transported, or move to a new location within the center.

Parent's Signature: _____

6. Emergency Medical Plan – In case of emergency, I give permission for my child _____ to be taken to _____ Hospital or a physician for treatment. I agree that the information listed on DSS Form 2900 is correct and current, including the names of persons responsible for medical treatment in case I cannot be contacted.

Parent's Signature: _____



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7. Evacuation Plan – I understand and have viewed the evacuation/emergency preparedness plan for Children's Discovery Center, and I agree to abide by it.

Parent's Signature: _____

8. Transportation/Field Trips – My child _____ has my permission to participate in field trips sponsored by Children's Discovery Center. I understand that individual permission slips will normally be signed for each trip.

Parent's Signature: _____

9. Care of Ill Children – I have read the policies of Children's Discovery Center regarding children who are ill or who become ill during the course of the day. I agree to abide by these policies.

Parent's Signature: _____

10. Liability Insurance/Provisional Employment/Free and Full Access – I have been given information regarding these policies, and I acknowledge that I understand them.

Parent's Signature: _____

I hereby agree to abide by policies and procedures outlined above.

Parent's Signature: _____

Print Name: _____

Date: _____

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

_____ Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

_____ Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee



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Emergency Transportation Permission

Children's Discovery Center has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Child's Name: _____ Birth Date: _____

Parent's Signature: _____ Date: _____





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Medication Policy

In most cases, Children's Discovery Center does not administer medication to children. Children's Discovery Center will only administer medication if a child requires breathing treatments, medication for ADHD or other chronic conditions, modified diet, food supplement, or other life-saving medication. In this case, the center must have a signed note from a physician and a designated health plan form signed by the parent or guardian. Both must be obtained before the center will administer the medication. The center will only administer topical products or lotions with written instructions from the parent or guardian on the prescribed state form. In cases where a breathing treatment must be given, parents are responsible for the maintenance and cleaning of any equipment that is used.

In cases where prescription medication is given, prescription medication will only be given to the person whose name appears on the prescription label and the dosage instruction per label should match the parent's instructions on the authorization form. Children's Discovery Center will never administer medication which has been cut, crushed or altered in any way.

Since a parent's permission is required to administer anything other than soap and water, an authorization form will also be required for any topical lotions, sunscreens, etc. Any products of this kind brought to the center must be clearly labeled with the child's first and last name.

Child's Name: _____ Date: _____

Parent's Signature: _____ Date: _____



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Emergency Contact / Parental Consent Form

Child's Name: _____ Birth Date: _____

Address: _____

Father's Name/Legal Guardian: _____ Home Telephone: _____

Address: _____ Business Telephone: _____

Business Address: _____

Mother's Name/Legal Guardian: _____ Home Telephone: _____

Address: _____ Business Telephone: _____

Business Address: _____

Emergency Contact Person(s): _____ Telephone: _____

Emergency Contact Person(s): _____ Telephone: _____

Name of Child's Physician/Medical Care Provider: _____

Address: _____ Telephone: _____

Special Disabilities (If Any): _____

Allergies (Including Medication Reactions): _____

Medical/Dietary Information Necessary in an Emergency Situation: _____

Additional Information on Special Needs of Child: _____

Health Insurance Coverage for Child or Medical Assistance Benefits: _____

Policy Number (Required): _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care	Administration of Minor First-Aid Procedures
Walks and Trips	Swimming
Transportation by the Facility	Wading

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



Student Information Sheet

Welcome to Children's Discovery Center! We are pleased that you have chosen us to share this very important time in your child's life. In order for our teachers to learn more about your child, we ask that you supply the following information:

Child's Name: _____ Birth Date: _____

Parent's/Guardian's Names: _____

Names & Ages of Brothers: _____ Sisters: _____

What is your child's favorite:

Book: _____ Game: _____

Color: _____ Toy: _____

Cartoon: _____ TV Show: _____

Activity: _____

Food: Likes: _____ Dislikes: _____

What is your favorite family activity? _____

What is the best way to comfort your child? _____

How does your child like to transition to nap? (*story, music, blanket, etc.*) _____

How does your child respond when: *Hungry?* _____ *Tired?* _____

Does your child have any special fears? _____

What else would you like us to know about your child? _____

What else can we do for you or your child to make your child care experience pleasant?

Please remember to contact your teacher or administrator at any time if you have any questions, concerns or suggestions.



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FOR OFFICE USE ONLY
Employee Child: N H S
Initials: Date:

Parent/Guardian Contract

I agree to the enrollment of my child _____ at **Children's Discovery Center, Inc.** Venning Rd/
Park West location (circle one). I agree to pay the tuition (bi-weekly/monthly/6 month) _____ and last week's security deposit of
_____ effective as of _____ the tuition for this period is \$ _____.

Scheduled Hours: MON: _____ TUES: _____ WED: _____ THUR: _____ FRI: _____

Rotating days and flexible schedules can not be accommodated.

_____ (Initial) I agree to use this payment plan for the length of this contract.

_____ **FOR TUITION PAID BI-WEEKLY:**

Payment for bi-weekly tuition is due on Monday of the current two week period per bi-weekly tuition schedule (see tuition schedule sheet for dates). If your account shows a balance of greater than \$20 by the close of business on Wednesday of that week, a \$15 late fee will be assessed. If your tuition is not paid by the close of business on Friday of that week, your child will not be allowed to continue to attend the following week. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension/re-enrollment fee.

_____ **FOR TUITION PAID MONTHLY:**

Payment for the monthly tuition fee is due by the 25th day of the month prior to the month of child care services rendered. If your account shows a balance of greater than \$20 by the close of business on the 25th day of the month prior to the month of services rendered, a \$15 late fee will be assessed. If the monthly tuition is not paid by the close of business on the last day of the month prior to the month of services rendered, your child will not be allowed to continue child care services. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension/re-enrollment fee.

_____ **FOR TUITION PAID SIX MONTHS IN ADVANCE:**

Pre-Payment for the six month tuition period is due by July 25th, for the 6-month period of August-January, and January 25th for the 6-month period of February-July. If your account shows a balance of greater than \$20 by the close of business on January or July 25th, a \$15 late fee will be assessed. If the 6-month tuition pre-payment is not paid by the close of business on the last day of the month of the due date, your child will not be allowed to continue child care services. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension/re-enrollment fee.

Refer to the fee schedule for further explanation of school age tuition terms.

- _____ I agree that when my child attends any one day of a contracted week, I am obligated to pay full tuition for that week.
- _____ I agree to pay a \$30 fee for each check that is returned by my bank. I understand that my balance and return check fee must be paid in cash.
- _____ I agree to pay \$1 per minute per family to Children's Discovery Center when picking up my child after 6:15 p.m. I understand this fee is due at the time my child is picked up.
- _____ I agree that if my account is sent to collection for non-payment, I will not be able to return to any CDC center.
- _____ I agree to pay any damages incurred as a result of my child's destruction of property.
- _____ I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.
- _____ I agree to pay for all medical and emergency transportation expenses incurred.
- _____ I agree to give two weeks notice in writing (*regardless of whether my child attends*) of the cancellation of this contract and will pay the full tuition for the last two weeks of termination. (*Children's Discovery Center week is Mon-Fri.*) Schedule changes cannot be made anytime during the final 2 weeks.
- _____ I agree that if any conditions of this contract are altered, a new signed contract is required.
- _____ I agree to abide by the rules and regulations of Children's Discovery Center as set forth in the Parent's Handbook and newsletters.
- _____ I acknowledge that I have read, understand and agree with the policies and procedures of Children's Discovery Center.

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____



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Accounting Enrollment Form

Child's Name: _____ Mother's Social Security Number: _____

Child's Name: _____ Father's Social Security Number: _____

Mother's (Guardian's) E-mail Address: _____

Father's (Guardian's) E-mail Address: _____

Mother's (Guardian's) Cell Phone: _____ Carrier _____

Father's (Guardian's) Cell Phone: _____ Carrier _____

Center: _____ Enrollment Date: _____ Class: _____

Bi-weekly/Monthly Tuition Amount: \$ _____

Child's Daily Schedule: M T W Th F Hours: _____

Date Registration Paid: _____ Check #: _____

If someone other than the parent will be paying by check what is their name? _____

How did you hear about us? (Check ALL that apply)

Drive By Word of Mouth/Referral Phone Book Print Ads

TV Ads Radio Ads Billboards Other

Internet Source (specify) _____

Referring Family Name: _____

(This MUST be completed for the referring family to receive credit.)

What was the primary reason you made the decision to enroll at CDC? _____

Did you come from another facility? If so, which one? _____

How many centers did you tour before choosing ours? _____

Please list any other children who will not be attending and their ages. _____

What are your expectations of Children's Discovery Center? _____

For Office Use: Parent Roster? Y or N First Day Photo Sent? Y or N

ID Code: _____ Name: _____ Security Door Code: _____

ID Code: _____ Name: _____



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Pick-Up Authorization Form

Please indicate below the names of *at least two* individuals who are authorized to pick up your children from school. These individuals will be required to show a form of identification verifying name and address as listed below.

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

I certify that the above individuals are authorized to pick up my children from school. This authorization will remain in effect until I notify the school in writing of any changes.

Child(ren): _____

Parent: _____ Date: _____





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Tuition Express

Children's Discovery Center offers you the option of paying your tuition through automatic withdrawal from your bank account. This automatic payment will be a pre-authorized agreement with you, the parent, authorizing Children's Discovery Center to electronically withdraw from your checking or savings account your tuition on a bi-weekly or monthly basis. We will only be accepting automatic payment through your bank account (no credit cards).

We will need the following information from you along with a voided check or bank letter stating your account number and routing number (no deposit slips can be accepted) to set up the automatic payment.

Primary Parent Name: _____

Account Holder Name (if other than primary parent): _____

Bank Name: _____

Checking or Savings

Routing #: _____

Account #: _____

(the routing number is listed first on your check followed by your account number)

PLEASE NOTE: A separate Electronic Funds Transfer Authorization Form MUST be completed. (CHECK ONE BELOW)

___ I have previously completed the Tuition Express Electronic Funds Transfer Authorization, and my banking information remains the same as last school year.

___ I am a new enrollee a returning enrollee, whose banking information has changed since last year. As such, I am submitting a completed Tuition Express Automatic Payment Authorization with **a voided personal check**.

If you are a bi-weekly paying parent, the transfer date will be the end of the day Wednesday, of current two week period per bi-weekly tuition schedule. If you are a monthly paying parent, the transfer date will be the 25th of the month prior to attendance. If the automatic payment is rejected, you will be charged a \$30 fee and you will need to pay the balance in cash.

I, _____, authorize Children's Discovery Center to withdraw sufficient funds from the checking/savings account listed above to pay my child(ren)'s tuition as agreed upon in the parent/guardian contract. I understand that any balance on my account will be included in the automatic deduction of my bank account. I also understand that per my parent/guardian contract, any additional hours/days are to be paid for the week they are taken. If I pay weekly, these additional charges will be deducted along with my normal weekly tuition and if I pay monthly, these additional charges will be deducted by the Wednesday after the additional time is used. I also understand that if my bank denies the transaction for any reason I will be charged a fee of \$30.

Primary Parent Name: _____ Date: _____



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What is Tuition Express?

Tuition Express is the premier payment processing service in the childcare industry. As one of the many benefits offered by Tuition Express, parents have the ability to receive their payment receipts via email. TuitionExpress.com keeps parents in touch with their childcare center and their personal finances. *Here are some of the features of TuitionExpress.com:*

- Receive all your Payment Receipts via email.
- Email notification of all Non Sufficient Fund (NSF) items or Declined Credit Card transactions.
- View and print Transaction History reports.
- Regenerate past email payment notifications.
- All receipts are Flexible Spending Account qualified (provided center has submitted required data).
- Easy access to change email address to which notifications are sent.

HOW TO REGISTER AT TUITIONEXPRESS.COM

- Your childcare provider will issue you a unique Tuition Express ID number.
- Go to www.tuitionexpress.com and click on "My Account".
- Click the "Click here to Register" link to begin the account set up.
- Enter the Tuition Express ID number and the Last 4 digits of your bank or credit card account number.
- Create a username and password
- Type in your email address and check the box "Receive Notification"
- Click "Submit". When you receive an email from Tuition Express, click on the link to confirm your email address.



What is Tuition Express?

FACTS ABOUT AUTOMATIC PAYMENTS

- Automatic Payments have been around for more than 30 years and use the same network as Automatic Deposits. More than 2 billion transactions a year are made via Automatic Payment.
- Each Automatic Payment is deducted from your account on the due date of each payment cycle so it is easy to track.
- Automatic Payments are confidential transactions. Just one or two people see them. In contrast, checks pass through three to nine hands as they are processed and have all the information available for a criminal to steal your identity.
- Automatic Payments help you maintain a good credit rating because bills are paid on time, every time.
- Record keeping is easy. Each bill paid automatically from your checking account or credit card is listed on your monthly statement.
- Consumers who use Automatic Payment are protected by the Electronic Funds Transfer Act of 1978, known as Federal Regulation E. www.hankersonlinc.com/re~05/205.html
- Automatic Payment saves you money. It costs consumers close to \$100 a year in time and Automatic costs, such as postage, to pay bills by check instead of using Automatic Payment.
- Automatic Payments are great for travelers - since bills are paid automatically, you do not have to worry about them when you are out of town.

