



NAÍONRA AN CHOILLÍN

ENROLLMENT CONTRACT

It is my/our desire to have my/our child/children enrolled in the program at **Naíonra An Choillín**. I/we have received a copy of the **Naíonra An Choillín** policy handbook. I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare program.

I/we also agree to give a minimum of two weeks written notice (ten full Naíonra days) of my/our intent to withdraw my/our child/children from the Naíonra program. If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks. Unpaid vacation/sick days cannot be applied to the final two-week period.

Please **initial** next to each item. We want to be sure you **understand and agree** to these policies.

	I/we understand that I/we must provide a completed medical form to the Naíonra .
	I/we understand the fees are _____ for school weeks and _____ for vacation weeks.
	I/we understand there will be extra charges during school weeks if there is outings.
	I/we have contracted for the hours of _____ to _____
	I/we understand the pick up policy for other than parental pick up.
	I/we understand the illness policy. _____ I/we understand the meal policy.
	I/we are contracting for (school year only) arrangements.
	I/we understand the behavior policy and I/we have read and shared the Naíonra rules with my/our child/children.
	I/we understand that if I/we are contracting for child care for the school calendar usage - Sept. thru June.

Naíonra An Choillín

Parent

Date

Date