

**CHILD DEVELOPMENT CENTER AT WYNDHAM
SUMMER CAMP POLICY AGREEMENT
PRESCHOOL**

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S T-SHIRT: YOUTH SIZE - XS S M **(circle one)**

<p>Program: ___ Forest/Savanna ___ Tundra/Jungle ___ Junior Kindergarten</p> <p>No. Days: ___ 5 ___ 3 ___ 2 Hours To: ___ 6:15 PM ___ 12:30 PM</p>

REGISTRATION FEE

I agree to pay a non-refundable registration fee of \$85 per child to enroll at the Center. If my child is currently attending CDCW or on the active waiting list, no registration fee is required. _____ **(INITIAL)**

SUMMER CAMP ACTIVITY FEE

I agree to pay a **non-refundable** Activity Fee per child to cover the additional program expenses for Summer Camp. I understand that this fee is posted and due as soon as this Policy Agreement is turned in. _____ **(INITIAL)**

TUITION

I agree to pay on Monday of each week, commencing **June 18, 2018** and continuing through **August 30, 2018** a tuition payment of \$_____ with no deduction for absence including holidays, vacations or illnesses. For children who were enrolled in the 2017-18 school year program, I understand that the absent policy described in my Policy Agreement still applies. If the tuition payment is not received by Tuesday at 6:15 p.m., I agree to pay a late fee of \$15.00 per week. If my account is past due for two consecutive weeks, the Center shall have the right to terminate this agreement immediately and all money due the Center by me shall be paid, including late fees and any legal fees. _____ **(INITIAL)**

LATE PICKUP

I agree that if my child remains past the scheduled closing time of 6:15 p.m., I will be expected to pay an additional fee per child of \$10 for the first ten minutes or fraction thereof and \$2 per minute after 6:25 p.m. After three late pickups, the fee per child will increase to \$15 for the first ten minutes or fraction thereof. _____ **(INITIAL)**

HOLIDAYS AND FALL REORGANIZATION DAY

I understand that the Center is closed on Wednesday, July 4 and on Friday, August 31 for a teacher reorganization day. I agree that I am not entitled to any allowance for these days. _____ **(INITIAL)**

WITHDRAWAL FROM SUMMER CAMP PROGRAM

I agree to provide four weeks (Monday through Friday only) written notice of withdrawal of my child from the Summer Camp Program. This notice must be given **on or before the first Monday** of the four weeks notice. Full tuition will be charged for the four weeks with no adjustments. If required notice is not given, the account will be charged for the four weeks. If I withdraw from the camp before it starts, I understand that I forfeit my Summer Camp Activity fee. If I choose to re-enroll at the Center, a new registration fee will be required. _____ **(INITIAL)**

TERMINATION OF THIS AGREEMENT

I understand that the Center can terminate this agreement with two week's notice should the Center in its **sole discretion** determine that it is in the best interest of the child or the Center.

_____ **(INITIAL)**

SOLICITATION AND/OR HIRING OF CDCW EMPLOYEES

I acknowledge that the Child Development Center at Wyndham ("CDCW") has invested both time and money in recruiting and training their employees. Commencing with the date of this Agreement and continuing for six months after the date this Agreement terminates or it is no longer in effect, regardless of the reason, I shall not directly or indirectly, solicit or employ any "current employees" to provide childcare other than that which is provided by them through CDCW and occasional babysitting during hours when CDCW is not normally opened. "Current employees" shall mean any employee that is working at any time between the date of this Agreement and six months subsequent to the cessation of this Agreement, regardless of the reason. I further agree that should I breach this condition, I will immediately pay CDCW an amount equal to three months of the employee's wages based on their most current pay rate and scheduled hours. The parties agree that this sum (three months wages) represents a reasonable approximation of the damages to be suffered by CDCW (training costs, etc.) and is not a penalty. I have carefully read and considered the non-solicitation and non-hiring provisions set forth herein and agree that the restrictions set forth are fair and reasonable and are reasonably required for the protection of the interests of the CDCW, its officers, directors, and other employees. _____ **(INITIAL)**

GUARANTEE

Each of the undersigned hereby absolutely and unconditionally guarantees the full and prompt payment and performance of all indebtedness, obligations and liabilities to CDCW under this agreement including all tuition, late charges, liquidated damages associated with employing a CDCW employee (see solicitation paragraph above), attorneys' fees and to pay all expenses incurred in collecting such indebtedness or any portion thereof, and in enforcing this Guaranty, if after the occurrence of a default or an event of default such indebtedness or any portion thereof, or this Guaranty, or both, are placed in the hands of an attorney or a collection agency, or if after the occurrence of a default or event of default, CDCW finds it necessary or desirable to secure the services or advice of an attorney with regard to collection. This is a guaranty of payment and each of the undersigned hereby expressly waives all notices, demands, requirements to take action or file any suit against the guarantors and all other suretyship defenses of any kind. _____ **(INITIAL)**

SEVERABILITY

The provisions of this Agreement shall be deemed severable, and the invalidity or unenforceability of any one or more of the provisions, paragraphs, clauses, or phrases hereof, shall not affect the validity or enforceability of other portions of the Agreement. The construction and interpretation of the Agreement shall at all times and in all respects be governed by the laws of the Commonwealth of Virginia.

All Parents' or Legal Guardians' (Guarantors) Signatures:

Print Your Name Here

Date of Agreement: _____

Signature

Print Your Name Here

Signature