

## Wee Care Center Admission Agreement

### Child Information

Name		Date of Birth	
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### Student - Parent information

Name	
Phone Number	
Email Address	<a href="#">(we will only accept UVU emails)</a>
Physical Address	
UVU ID Number	

### Parent 2 Information

Name	
Phone Number	
Email Address	
Physical Address	
UVU ID Number	

### Emergency Contacts and Sign Out Authorization

*In the event of an emergency, if the provider is unable to get in touch with me in a timely manner, I give my permission for them to contact the following people. I also give the following permission to sign my child out from the program.*

Name	Phone Number

## Out-of-area Emergency Contact

*In the event of an emergency, if the provider is unable to get in touch with me or any of my people listed above in a timely manner, I give my permission for them to contact the following person who lives out-of-area.*

Name	Phone Number

## Emergency Transportation and Medical Treatment Permission

*In case of an emergency, I understand Center staff will attempt to contact me immediately. I authorize Center staff to administer first aid/CPR, obtain emergency medical care and/or emergency medical transportation for my child. In the event of an emergency evacuation of the Center, I authorize Center staff to transport my child to a local emergency shelter.*

Signature	Date Signed

## Terms of Service

*If my child is accepted in the program, I understand I am required to read the then-current Parent Handbook located at <https://www.uvu.edu/weecare/docs/handbook.pdf> (the "Current Parent Handbook") and will comply with all policies and procedures outlined therein. The Current Parent Handbook is incorporated in all Acknowledgments. The Current Parent Handbook is updated from time to time; I acknowledge that it is my duty to review <https://www.uvu.edu/weecare/docs/handbook.pdf> for updates. I am required to complete and sign the UVU Wee Care Financial Agreement, which is also incorporated in all Acknowledgments.*

*I represent and warrant that I am the parent or legal guardian of the minor named above and that I have the legal right, power, and authority to consent to these Acknowledgments; I hereby accept, consent to, and approve in all respects the terms and conditions of Acknowledgments.*

Signature	Date Signed

## Financial Agreement

*I will receive a financial agreement listing an hourly rate that may include a Parents in School Grant subsidy. If I am deemed ineligible for the grant, my tuition rate will default to \$6.00 per hour per child. I acknowledge that I will read and abide with all Financial Terms and Acknowledgements listed on my Financial Agreement.*

Signature	Date Signed

## Tuition

*I understand tuition charges must be paid through the Smartcare parent app and are currently expected to be paid in full net 30 days from the first day of classes for the semester. In the event this full payment is not possible, I understand that it is my responsibility to contact the Wee Care Center before the deadline to request a payment plan, in which case the payment will be divided into three or four payments, depending on the particular semester, that will be due on the first day of each month. Payments can be made with an ACH (electronic bank to bank transfer) or a credit card. I understand a non-refundable service fee of 2.85% will be added to any credit card payments. Unpaid accounts (defined as outstanding balances of any amount by the final day of the semester) will be referred to UVU collections, incur at \$75 collections fee in addition to the amount owed, and will result in a hold placed on my academic record. I acknowledge that it is my role as the account holder to regularly review my account to ensure that all fees are paid in full.*

Signature	Date Signed

## Schedule Changes, Withdraw Deadline, and Late Fees

*If I need to do a schedule change, I will email Wee Care a new Childcare Schedule Request form. I acknowledge schedule changes can take up to two weeks to process, will be reviewed on a case-by-case basis, and are NOT guaranteed. I understand no schedule changes will be accepted after UVU's Last Day to Drop. I understand I will be charged at the \$6.00 per hour per child rate for any Childcare Schedule Requests in excess of allotted childcare hours.*

*If I withdraw my child from Wee Care before UVU's Last Day to Drop I will be charged \$6.00 an hour for the time my child was scheduled to be in Center. I understand schedule changes are not accepted after UVU's Last Day to Drop and I will be financially responsible for the total childcare cost listed on my financial agreement if I withdraw my child from Wee Care after this date.*

*I will be charged a late fee of \$2.00 per minute per child fee if my child is dropped off or picked up outside my scheduled time. If my child is left beyond normal WCC operating hours, I will be charged an additional \$2.00 per minute per child fee.*

Signature	Date Signed

## Behavioral Expectations and Client Rights

*I have been informed through reading the Parent Handbook found on the Wee Care Center's website of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are:*

To be informed of our rights

To be treated with dignity, respect, and fairness

To be free from potential harm or acts of violence.

To be free from discrimination

To be free from abuse, neglect, mistreatment, exploitation, and fraud.

To have equal access to food, shelter, and health services.

To be free from retaliation for reporting any violation to our rights. To privacy of current

To communicate and visit with family attorneys, clergy, physicians, counselors, or

case managers or workers assigned to my child, unless therapeutical

Signature	Date Signed

I attest that the information I have provided in this form is accurate and up-to-date.

Name	Date