####  THE RESEARCH INSTITUTE at WOU CHILD DEVELOPMENT CENTER CONTRACT TERMS 09.09.2015

* **LOCATION:** The Center is located in Todd Hall on the Western Oregon University campus and is operated by The Research Institute.
* **ENROLLMENT:** Enrollment is open to children between the ages of **30 months and 10 years**. Openings in the Center will be filled on a first come first served basis to families needing full time slots. Changes in enrollment will be granted depending on availability and at the discretion of center management.
* **HOURS OF OPERATION:** The Center is open from 7:30 a.m. to 5:30 p.m., Monday through Friday. Enrollment options are listed on the front of this application. Your child must be picked up by the time listed on the option you choose. **There will be a fine for late pick up at a rate of $5.00 per minute.** Your account will reflect these charges. Morning session is from 7:30 to 12:00, and afternoon session is from 12:00 to 5:30.
* **TUITION:** Childcare tuition is listed on the first page of this application for each option available and will be billed to the parent/guardian (or other responsible party).
* Community families are asked to establish a WOU revolving charge account (a form is completed at the time of enrollment); payment is due the first of each month.
* WOU employees are asked to use payroll deduction. *A payroll deduction form is completed at the time of enrollment.*  Payroll deduction options are explained on the payroll deduction form.

**Tuition must be current to continue to receive childcare services.**

* **WITHDRAWAL FROM THE CENTER:** If you find it necessary to withdraw your child from the Center, a **30 day notice is required**. Your request will become effective on the date the ‘TRI-CDC Exit Form’ is received in writing. You are responsible for the tuition charges during this 30 day period on a prorated basis. All tuition must be paid in full by the final day of disenrollment.
* **LUNCH AND OTHER SUPPLIES:** A healthy lunch for each child must be provided by the family. Breakfast and an afternoon snack will be provided by the Center. Disposable diapers and wet wipes must be provided by the parent when needed. Additional information is listed in our family handbook.
* **ENROLLMENT/IMMUNIZATION/AUTHORIZATION FORMS:** Enrollment forms with emergency and pick up information must be on file prior to the start of service. A current child immunization record must be on file with the Center within 30 days of enrollment.
* **FAMILY HANDBOOK/CALENDAR:** A family handbook and Center calendar can be accessed on our website or a written copy may be requested upon enrollment. The handbook covers Center policies the family must be familiar with. The Center reserves the right to deny (or to terminate) services to any family who fails to comply with the operating procedures of the Center.
* **TRI-CDC CLOSURE DATES:**  TRI-CDC will observe the following holidays and WOU closure dates: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Wednesday before and the Friday following, the last week of December (dates may vary for WOU campus closure) through New Year’s Day, the last week in March (dates may vary for WOU Spring Break), and the week prior to Labor Day.

**To apply, send completed form to:**

The Research Institute at WOU Child Development Center

Attention: Ingrid Amerson

345 N. Monmouth Avenue, Monmouth, OR 97361

 **For more information call:** (503) 838-8769 or email amersoi@wou.edu or visit http://tricdc.org/



##  THE RESEARCH INSTITUTE at WOU

## CHILD DEVELOPMENT CENTER

##  COMMUNITY & WOU EMPLOYEE APPLICATION

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Parent/Guardian Name: Phone:

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip:

**Please check: ❐ WOU Faculty/Staff ❐ Community Member**

***Your child must be 30 months old by enrollment start date***

Child's Name: D.O.B.: Age: Start Date: \_\_\_\_\_\_\_\_\_

Child's Name: D.O.B.: Age: Start Date: \_\_\_\_\_\_\_\_\_

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|  **Please select** **🗆** Year Round Care (July thru June) **OR** 🗆 Specific Months (indicate): 🗆July🗆Aug🗆Sep🗆Oct🗆Nov🗆Dec🗆Jan🗆Feb🗆Mar🗆Apr🗆May🗆June  |
| **ENROLLMENT OPTIONS**(Please indicate your service choice) | **MONTHLY TUITION** |
| **🗆 5 days/week full day service, 7:30 am–5:30 pm**  | $688 |
| **🗆 4 days a week full day service, 7:30 am–5:30 pm, please select days:**🗆 Monday 🗆 Tuesday 🗆 Wednesday 🗆 Thursday 🗆 Friday  | $606 |
| **🗆 3 days a week, full day service, 7:30 am–5:30 pm, please select days:** 🗆 Monday 🗆 Tuesday 🗆 Wednesday 🗆 Thursday 🗆 Friday  | $454 |
| **🗆 FACULTY ONLY: 2 days a week, full day service, 7:30 am–5:30 pm, please**  **select days:** 🗆 Monday 🗆 Tuesday 🗆 Wednesday 🗆 Thursday 🗆 Friday  | $316 |
| **🗆 Morning only, 5 days a week, 7:30 am–12:00 pm** | $379 |
| **🗆 Afternoon only, 5 days a week, 12:00 pm–5:30 pm** | $454 |
| **🗆 Afterschool Enrichment , ages 6-10 only, 5 days a week, 3:00 pm–5:30 pm** | $200 |
| * Families will be charged tuition on a monthly basis through Western Oregon University.
* Community families are ask to create a revolving charge account with Western Oregon University
* WOU employees are asked to use payroll deduction. *A payroll deduction form is completed at the time of enrollment.*
* Tuition will be prorated for partial months enrollment
* A 5% sibling discount is given to the sibling with the least expensive tuition option.
* I agree to the conditions of services stated on the back of this application.

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| **FOR OFFICE USE ONLY**: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❐ New Application ❐ Change Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❐ Entered in SIS ❐ Invoiced ❐ Payroll Deduction ❐ Entered on Financial Worksheet  |