



Child's Name (Last, First, Middle Initial)	Grade	Date Submitted	Effective Date
Special Needs Information		Medical Information	
My child receives services through Special Education: Yes or No Please describe		Please list any pertinent medical information such as allergies and medications	

Parent/Guardian Information

Child spends time at two different addresses during the school week: **Yes** or **No**
Child receives free/reduced meals at Yinghua Academy: **Yes** or **No**

Parent/Guardian 1		Parent/Guardian 2	
Name			
Home Address			
City, State, Zip			
Employer			
Home/Work Phone	H: () W: ()	H: () W: ()	
Cell Phone/Pager	C: () P: ()	C: () P: ()	
Email Address			
Billing Information	Bill to this address: Yes or No	Bill to this address: Yes or No	

Emergency Contacts

Emergency Contact 1		Emergency Contact 2	
Name			
Home/Work Phone	H: () W: ()	H: () W: ()	
Cell Phone/Pager	C: () P: ()	C: () P: ()	

Yinghua Care Program

Please mark your choices below. You must use the same days each week.

<p>Check boxes to apply.</p> <p>Before School \$7/day (7:00 to 8:30 A.M.)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THUS</td> <td>FRI</td> </tr> </table> <p>After School \$13/day (3:35 to 6:00 P.M.)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THUS</td> <td>FRI</td> </tr> </table>	MON	TUES	WED	THUS	FRI	MON	TUES	WED	THUS	FRI	<p>Release Days \$45/day (7:00A.M. to 6:00 P.M.)</p> <p><u>Circle dates to apply.</u></p> <table style="width: 100%;"> <tr> <td>Thursday, 10/21</td> <td>Friday, 3/11</td> </tr> <tr> <td>Friday, 10/22</td> <td>Friday, 3/18</td> </tr> <tr> <td>Monday, 11/15</td> <td>Friday, 4/22</td> </tr> <tr> <td>Wednesday, 11/24</td> <td>Friday, 5/13</td> </tr> </table>	Thursday, 10/21	Friday, 3/11	Friday, 10/22	Friday, 3/18	Monday, 11/15	Friday, 4/22	Wednesday, 11/24	Friday, 5/13
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Monday, 11/15	Friday, 4/22																		
Wednesday, 11/24	Friday, 5/13																		

Parent/Guardian Signature	Date

Please review the Contract Terms and Policies before signing. By signing, I confirm that I fully read, understand, and agree to the Yinghua Care Program Contract terms and policies as stated in this contract.

Return forms to Yinghua Academy, 1616 Buchanan Street, NE, Minneapolis, MN 55413

Date Received	
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**YINGHUA
ACADEMY**

Yinghua Academy Care Program

2010-2011 Contract Terms

By signing this contract for services, I agree to the following:

I understand that my child cannot begin Yinghua Academy Care until I receive oral or written communication from the office confirming registration. In order to properly prepare for staff/student ratios, Yinghua Care requires that all students are pre-registered. If less than two weeks notice is given for registration, Yinghua Care reserves the right to charge the "Without Prior Registration Rate."

Billing & Fees:

1. All fees are prepaid. You will be billed once a month. Payment is due on the fifteenth day of the month. (For example, you will be billed October 1st for care during October. That bill will be due October 15th.)
2. **Two weeks written notice is required for any schedule change and a Change Form must be completed.** Full fees are due until the two week period is satisfied.
3. A \$5 per day late fee is assessed for enrolling less than two weeks prior to + add other change policy fees from Change Form (attached).
4. There will be no refunds for absence due to illness, vacation or school closing due to inclement weather.
5. There is a \$20 charge for any returned checks. If a check is returned for insufficient funds, a new check or money order must be submitted with the \$20 processing fee added to the amount.
6. A late fee of \$1/minute will be assessed for picking up a child after 6:00pm. After the third incident, services will be terminated.
7. A 5% discount is given to families that enroll in automatic payment via ACH withdrawal.
8. There is no charge for days when the Yinghua Care program is closed (Thanksgiving Holiday, Winter Break, Spring Break).
9. Yinghua Care reserves the right to cancel this letter of agreement at any time. In this event, you will be given two weeks notice.

Collections:

I understand that my child's enrollment in Yinghua Care will be terminated and my account may be turned over to collection if it is in default. I will be held responsible for all costs related to collections, including legal fees. If I need assistance with my bill, I can contact the office to set up a payment plan.

Medical Emergencies:

I give my permission to Yinghua Care to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of Yinghua Care staff.

In case of a medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or rescue squad) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents and/or another adult acting on the parent's behalf.

Insurance:

Medical Insurance coverage for children is the responsibility of the child's family or guardian.



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Yinghua Academy Care Program

Behavior Contract

I / We understand that my child will be expected to abide by the Yinghua Academy expectations for appropriate student conduct at all times as stated in the school's Discipline Policy and Discipline Philosophy.

Also, in order to insure the health and safety of my child in attendance at Yinghua Care, I / We understand that certain rules must apply to all children in the Yinghua Care program. These rules are as follows:

- 1: Keep hands, feet and objects to yourself.
- 2: Follow directions and be respectful of the person(s) in charge.
- 3: Use appropriate language.
- 4: Respect other people and property.

If a violation of the rules stated above occurs, Yinghua Care staff will work with the parent and child to develop a plan that addresses the behavior.

I / We understand that if my child displays any of the following behavior it may result in my child being suspended or expelled from the Yinghua Care program.

- 1: A behavior that takes away any person's right to feel safe and be safe.
- 2: A behavior that keeps any staff person from fulfilling his/her job requirements to be available for all children because of constant interference of a child.
- 3: A behavior that includes inappropriate touching of a person's body, and/or using inappropriate sexual language or actions.
- 4: Any behavior involving purposeful destruction or theft of property.
- 5: Blatant disrespect or absolute refusal to follow directions of those in charge.

I / We have read, discussed and understood with my child the Yinghua Care Behavior Contract and its expectations and implications.

Signature of Parent/Guardian

Child's Name

Date



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Yinghua Academy Care Program

Automatic Payment Contract

Yinghua Academy Care Program offers an incentive for enrolling in automatic payment. All families that enroll in automatic payments will receive a 5% discount off monthly bills. Families will still receive monthly and year end statements which can be used for tax purposes.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

YINGHUA ACADEMY

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Financial Institution Name _____

Routing Account

Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Date _____ Signature _____

Please attach a voided check or savings deposit slip below.