

4759 15<sup>th</sup> Ave NE, Seattle, WA 98105

Phone 206.522.5388/ Fax 206.527.8399/Email program\_supervisor@coopchild.org

## Membership Contract

I have read the Parent Handbook, Disaster Emergency Plan & Health policy and agree to follow the rules and procedures therein. I agree to pay the fees as listed in the Parent Handbook, registration materials, and to fulfill my parent hour(s) obligation.

I authorize the Cooperative Children's Center to provide care for my child. I agree to pay a \$100.00 enrollment fee upon registration. I agree to pay a membership fee of a half month's tuition upon enrollment of my child. \*Payment arrangements for last half month's tuition may be made with prior consent from the Director. \* Last half month's tuition will be held in equity and refunded after all charges have been settled within thirty (30) days of termination of membership.

I authorize to routine health screenings for my child (vision, dental, height, weight and hearing) and understand that on occasion, my child might be the subject of non-intrusive observation. I understand that my permission will be sought for any other type of research.

I agree to give at least thirty (30) days written notice of withdrawal or decrease in attendance; if I do not give this notice, I will be liable for the 30 days' fees and work hours, regardless or reason for withdrawal.

By signing this contract, I become a voting member of the corporation of the Cooperative Children's Center as long as I meet the above requirements. Each parent/ guardian should sign this contract if they wish to be a voting member.

l,	certify that I have read and agreed to the above
(Parent/Guardian signature)	Date signed
(Parent/Guardian signature)	Date signed