I consent to the enrollment of my child ____________________________ in the Ben & Maxine Miller Child Development Laboratory School (MCDLS) from ______________ through __ July 31, 2015. I understand that by signing this contract, I am agreeing to pay all fees described in this agreement. I understand that I am obligated to pay these fees for the entire contract period, regardless of whether or not my child is in attendance.

I agree to the following policies:

1. **Prior** to my child’s start date, I will provide documentation including health examination, immunization records, medical authorization form, general information packet, and birth certificate.

I have read and understand the Parent Handbook and agree to adhere to all policies therein. ______ Initial

**TUITION AND FEES**

1. If I/we wish to be released from the terms of this contract, I must notify the director or secretary in writing **at least six weeks prior to leaving** with a forwarding address as well. I understand that I will only be released from this contract when the MCDLS staff finds a replacement for my child’s position at the MCDLS. Formerly enrolled children do have priority over children who have not attended or had sibling attend MCDLS.

2. A non-refundable registration fee of $50.00 per child is to be paid when the contract is signed. Both the fee and the signed contract are needed to secure your slot. Please make checks payable to Purdue University.

3. A non-refundable materials fee of $103.00 per child will be assessed to help cover the cost of equipment and supplies. This fee will be included with the first billing of each contract. If your child enrolls in the program during the middle of the contract year, the fee will be pro-rated accordingly.

4. A 10 percent discount will be applied to the tuition fee of each additional sibling enrolled in the MCDLS with the youngest child paying the full amount of tuition.

5. A weekly diapering fee of $30.00 will be charged to families with children in diapers between the ages 3-5, to cover extra staff needs until independent skills are attained. The exception to this policy will be for children who have diagnosed exceptional needs.

6. **Organic Milk/Soy Milk option**, there is a fee of $25.00 per month per child. Yes_________ No__________
   Please initial by your option of choices

7. Lost slide card charge in increments of $5.00, (1st lost card $5.00, 2nd lost card $10.00, etc…).

8. **Late Pick-Up Fees**: A late fee of $20.00 for the first 1-15 minutes and $5.00 for each additional 5 minutes (or fraction of 5 minutes) will be assessed for the first three times late-pickups. After three (3) late pick ups the first 1-15 minutes will increase to $40.00 and the $10.00 for each additional 5 minutes (or fraction of 5 minutes). ________
   Initial

9. Tuition charges will be billed the first week of every month for services provided in the previous month. Billing for the program year will be spread equally over the contract period on a monthly basis. Payment is due by the date on the bill. Tuition is payable regardless of whether the child is present, including days missed due to illness, vacation, staff development, university holidays, and closings due to weather. If payment is not received for a period of 60 days or more, your child may be dismissed from the program.

Child’s Name: ________________________________

Please initial the appropriate statement below (Initial only one):

_____ At least one parent/legal guardian is affiliated with Purdue University as faculty, staff, or student.

_____ Neither parent/legal guardian is affiliated with Purdue University and I/we agree to pay Tier 2 fees, regardless of income level, plus any additional fees as defined in this agreement.

Tuition for Purdue faculty, staff, and students will be on a tiered structure based on the family’s gross income. The 2014-2015 fee schedules are as follows:

Tuition: July 1, 2014 - July 31, 2015
August 4-8th, and December 22- Jan. 2 are not charged

Circle the following class enrollment
Hours of Operation 7:30-5:30 Monday- Friday

<table>
<thead>
<tr>
<th>GROSS ANNUAL FAMILY INCOME</th>
<th>PURPLE 6 weeks-24 m</th>
<th>RED 18 m-36 m OR ORANGE 2-3yrs.</th>
<th>YELLOW OR AQUA 3-5 yrs.</th>
<th>BLUE 2yrs.</th>
<th>GREEN 2.5-4.5 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60,000 or less</td>
<td>Tier 1</td>
<td>Tier 1</td>
<td>Tier 1</td>
<td>Tier 1</td>
<td>Tier 1</td>
</tr>
<tr>
<td></td>
<td>$260.16/week</td>
<td>$229.04/week</td>
<td>$183.06/week</td>
<td>$207.81/week</td>
<td>$198.98/week</td>
</tr>
<tr>
<td>$60,001 or more</td>
<td>Tier 2</td>
<td>Tier 2</td>
<td>Tier 2</td>
<td>Tier 2</td>
<td>Tier 2</td>
</tr>
<tr>
<td></td>
<td>$312.18/week</td>
<td>$274.85/week</td>
<td>$219.67/week</td>
<td>$249.38/week</td>
<td>$238.77/week</td>
</tr>
</tbody>
</table>

By signing this contract, I agree to all terms defined in this agreement and certify that this is an accurate statement of my income and Purdue affiliation.

Father/Legal Guardian Signature ______________________ Date ________________

Mother/Legal Guardian Signature ______________________ Date ________________

Father/Legal Guardian Print __________________________

Mother/Legal Guardian Print __________________________

Director, Miller Child Development Laboratory School __________________________ Date ________________

Please sign both copies and return the white copy to the Director, Miller Child Development Laboratory School, Department of Human Development and Family Studies, 1200 W. State St. W. Lafayette, IN 47907-2055. Retain the pink copy for your records.

Registration Fee Paid: $___________ Cash/Check _______ Receipt ____________ Date _____________