

Tuition Agreement

I have enrolled my child(ren) in the following program:

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Last Name	First Name	Date of Birth	Effective Date	Classroom
M T W TH F	_____ am _____ pm	\$ _____	\$ _____	
Days of attendance	Hours of Attendance	Weekly Rate	Monthly Rate	

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Last Name	First Name	Date of Birth	Effective Date	Classroom
M T W TH F	_____ am _____ pm	\$ _____	\$ _____	
Days of attendance	Hours of Attendance	Weekly Rate	Monthly Rate	

The total tuition rate for the program is \$ _____ per week, \$ _____ per month

Tuition Payment Policy – We accept **Checking or Savings Account**.

We also accept VISA, Master Card, or Bank Debit Card, which will incur a 3% transaction fee.

If the transaction gets denied for any reason your account will be charged a \$40.00 fee.

- **Weekly tuition** is processed on Monday of the current week.
- **Monthly tuition** is processed on the first business day of the month.
- **Sibling discount:** A 10% discount is applied to the lowest tuition rate for each additional sibling.

Registration Policy -

- **Registration Fee** of \$100 (non-refundable) is required at the time of registration per family and annually every September.
- **Deposit** of two weeks tuition per child is required.
- **Withdrawal Policy** - we require 2 weeks (10 days) of advance written notice of withdrawal. **At the time of notice we will apply your deposit to the last two weeks of attendance.** If you withdraw your child without two weeks advance written notice, your deposit is not refundable.

Vacation Policy - Every six months of continuous attendance, you will earn a Vacation Credit. When your child is out of school for a Vacation week, your tuition will be credited 50%. There is no credit given for single days. 10 days (2 weeks) or more of absenteeism a written letter (or email) is required to place billing on hold. Upon restart a \$100 re-registration fee will be applied.

Absence Policy – if your child(ren) is absent for any reason, **you will still be required to pay tuition in full for that period. If your child is absent or a Holiday falls on their scheduled day, it can NOT be made up.**

Late Pickup Policy –Excessive and habitual late pick up will incur a fee of \$15.00 per 15 minutes over. **If this becomes a pattern, change in Tuition may be warranted.**

The Tuition Agreement has been reviewed with me by Center Management. I understand that rates are subject to change with reasonable notice as conditions require.

Parent/Guardian Signature _____ Name: _____ Date: _____

Director's Signature _____ Title: _____ Date: _____