



Kulpsville

Tuition Agreement 2020-2021

I. This agreement is by and between:

Name of Parent(s) or Legal Guardian (please print)

and **Easterseals of SEPA**
1161 Forty Foot Road, PO Box 333
Kulpsville, PA 19443-0333

Street Address/Box Number

Town/City

Zip Code

Phone Number

Email Address

Start Date: _____

End Date: _____

- My child will attend the 2021 Summer Session (July/August)
- My child will **not** attend the 2021 Summer Session (July/August)

II. **Child(ren) Enrolled:**

The parent(s)/guardian(s) agree to place the following child(ren) in the Preschool Program.

Name (please print): _____ **DOB:** _____

_____ **DOB:** _____

III. **Enrollment Schedule**

The parent(s)/guardian(s) and Easterseals agree that the Preschool Program will be available for the above named child(ren) as indicated below:

Preschool Class - \$6.50/hour

- Check all that apply: A.M. Half Day (8:30 a.m. to 12:30 p.m.)
 Full Day (8:30 a.m. to 3:00 p.m.)
- Monday Tuesday Wednesday Thursday Friday

***You must sign up for a minimum of 3 days to enroll child in the Preschool Program.

Daycare (6:00 a.m. to 8:30 a.m.) - \$8.00/hour

- Check all that apply: Monday Tuesday Wednesday Thursday Friday

Please indicate time of arrival: _____

Fees and Terms:

The parent(s)/guardian(s) and Easterseals agree to the following fees (10% sibling discount available):

Please select desired schedule:

CLASS

- | | | |
|---|---|---|
| <input type="checkbox"/> 5 Full Days/Week*
\$211.25 per week
\$845.00 per month | <input type="checkbox"/> 4 Full Days/Week*
\$169.00 per week
\$676.00 per month | <input type="checkbox"/> 3 Full Days/Week*
\$126.75 per week
\$507.00 per month |
| <input type="checkbox"/> 5 Half Days/Week
\$130.00 per week
\$520.00 per month | <input type="checkbox"/> 4 Half Days/Week
\$104.00 per week
\$416.00 per month | <input type="checkbox"/> 3 Half Days/Week
\$78.00 per week
\$312.00 per month |

* Note: Tuition will be rounded to the nearest dollar amount on all parent invoices.

When the child is absent from the Preschool Program because of illness, vacation, or for any other reason, the parent agrees to pay Easterseals for the days indicated in the enrollment schedule, and/or any additional programs registered for, provided Easterseals services are offered during these periods. See the calendar for school closings (in the event of excessive closures due to inclement weather, make-up sessions will be offered).

Tuition payments are due on or before the first of each month. Non-compliance with this payment agreement will result in the application of a \$10 late fee on all payments received after the 15th day. All other fees (Flex Option and Extra Program Days) will be billed separately. Payments are due within 15 days of the invoice date. A fee of \$25 will be charged for each check returned by the bank. A late fee of \$5 will be charged anytime you arrive more than 5 minutes past your child’s pick-up time. After 2 late pick-ups of more than 15 minutes, staff will meet with you to discuss your child’s continued enrollment in the program. Non-payment of fees may be cause for immediate termination without notice.

Payments can be made in the form of cash, check, or money order. Payments can also be made with your credit/debit card. VISA, MasterCard, & American Express cards are accepted.

Please remit payment to: **Easterseals of Southeastern Pennsylvania
1161 Forty Foot Road, PO Box 333
Kulpsville, PA 19443-0333**

This contract may be terminated at any time by written notice from either party. However, a written notice of at least one month would be greatly appreciated to allow the other party to make arrangements.

IV. Certification:

The parent(s)/guardian(s) agree, without reservation, to all terms and conditions of this agreement. I/We declare that the information appearing in this agreement is exact and complete.

A new agreement must be completed whenever there is a change in the number of children enrolled, number of days enrolled, type of service requested, fees, or other relevant policies.

Parent/Legal Guardian Signature

Easterseals Division Director

Date

Date



AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(o)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

_____ SIGNATURE-OPERATOR DATE SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

*YOU WILL RECEIVE A COMPLETED VERSION OF THIS FORM AFTER YOUR CHILD HAS BEEN ENROLLED.