

Tuition Agreement

Child's Full Legal Name: _____ Date of Birth: _____

Parents' Full Names:

Please initial each box indicating you have read and understand each policy.

The cost for the program is per week. I understand the price for my child's classroom can change due to economic conditions and I will be given 30 days notice of any changes.
Tuition is due on Friday the week prior to expected service. A \$25 late fee is assessed as of end of business Monday. If tuition is not received by close of business Monday, services will not be available on the following Tuesday, and my child's space may be filled with a child on the waiting list. If there is room for my child, I will be required to pay a re-registration fee.
There is a \$30 return check fee for any returned checks. Service will immediately be interrupted until this is paid for by money order. I understand that I will be placed on a Money Order basis for 6 months should there be any subsequent returned checks.
An initial registration fee of \$100 per child (\$150 per family) is required before my child starts school and is annual by September 1 st
I agree to pay an additional fee of \$25 per day for ISD in-service for my school-age child. I understand that my weekly tuition rate will be adjusted for weeks that he/she is out of school such as Spring Break, Summer, Thanksgiving and Christmas. I will be given written notice of what the tuition will be during those weeks and any other fees that may be applicable.
If I am enrolling multiple children, I will receive a 10% sibling discount on one child in my immediate family. The discount applies to the oldest child. They are not applicable to registration fees or activity fees.
I agree to pay \$2 per child per minute in late pick up fees after 6:30 p.m. If I cannot be contacted nor can any of my emergency contacts, I understand that Child Protective Services must be contacted by state law after 30 minutes.
I agree to pay \$10 should I not call the School at least one hour in advance to inform them not to pick up my school age child at public school. This is a safety issue for both my child and other children being picked up by the School.
Schoolhouse 226 values its relationships with families and will make all reasonable efforts to communicate special needs for its children. I understand that continued enrollment of my child is at the discretion of Schoolhouse 226 and that my child may be de-enrolled without notice if it is in the best interest of my child, the School or the other children in the School. I further understand that enrollment at Schoolhouse 226 is not a guarantee of academic or other success.
I agree that in the event the School closes due to inclement weather or other natural disaster, I will continue to be responsible for my tuition payments. It is our intent to stay open on all days which the school is scheduled to be open and will make every attempt to do so.
I understand that my School is closed the following holidays: New Year's Day, 3 rd Friday in February (professional development for our teachers), Memorial Day, 4 th of July, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve (early close at 3:00pm), and Christmas Day. I agree that I will not receive a refund, credit, or any allowances for these holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or following Monday, to which ample written notice will be provided.
I will receive one week of vacation tuition free and two weeks of vacation at 50% tuition rate, after six month of continuous enrollment in good financial standing. These weeks will not carry over and will be lost if not used. I will only receive these vacation credits if my child is enrolled full time (5 days). I understand that I must provide a 2 week written notice should I withdraw from the program. If I do not stay the full two weeks, I agree to
pay the tuition for those two weeks.
I agree to sign my child in an out daily. I understand this is required by State Licensing and will comply with such. I understand that my child will only be released to a legal guardian or someone I have pre-authorized. Proof of identification will be required
of anyone picking up my child.
I understand Schoolhouse 226 uses photographs to document events and children's developmental progress. Pictures of children may be sent via email to parents or posted in the building. My child's picture may be used for advertising, publicity or any other lawful purpose. No child will be identified by full name.
I understand and agree that my child's picture and/or videos will be for the School's use only and will not be published for sales.
I understand that it is the sole discretion of Schoolhouse 226 who comes onto or stays within the premises. Admittance may be refused or terminated if the person's behavior is in direct or indirect opposition to policies in place for the safety of its children and teachers. These behaviors include by are not limited to: profanity, yelling, threatening, aggressive or violent behavior, intoxication, or failure to follow Schoolhouse 226 policies.
I have been informed of the School's illness policy and understand that I will be notified to pick up my child should they become ill at school as outlined in the parent handbook.
I understand that should my child need medication, I will fill out the appropriate forms and ask that medicine be administered in accordance with the doctor's directions. I will bring all medications in its original container and will be accompanied by a doctor's note for administration
I understand that Schoolhouse 226 is not responsible for any personal items that I may bring to the School and therefore will not replace anything lost or ruined while at school.
I have received a copy of the parent handbook and understand all the policies therein.
Parent/Guardian Signature: Date:
Parent/Guardian Signature: Date:
Director's Signature: Date: