



# Kulpsville

---

## Tuition Agreement 2021-2022

**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 2022 Summer Session (July/August)
- My child will **not** attend the 2022 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 - \$7.00/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.

**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*<br>\$227.50 per week<br>\$910.00 per month | <input type="checkbox"/> 4 Full Days/Week<br>\$182.00 per week<br>\$728.00 per month | <input type="checkbox"/> 3 Full Days/Week*<br>\$136.50 per week<br>\$546.00 per month |
| <input type="checkbox"/> 5 Half Days/Week<br>\$140.00 per week<br>\$560.00 per month  | <input type="checkbox"/> 4 Half Days/Week<br>\$112.00 per week<br>\$448.00 per month | <input type="checkbox"/> 3 Half Days/Week<br>\$84.00 per week<br>\$336.00 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 15<sup>th</sup> 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(e); 3290.123 & 181(e)

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.**