



2017-18 ENROLLMENT AGREEMENT

Please Initial Each Area to Indicate You Understand and Agree

_____ I have read the Handbook (this gets emailed to parents in September of each year)

_____ I understand that I must pay at the time of initial registration a non-refundable \$150.00 fee. I understand this is non-refundable even if I change my mind and do not enroll. A \$50 re-enrollment fee will be charged each year thereafter for re-enrollment.

_____ I understand all tuition must be paid by the 1st of each month and I will be charged a \$25 late fee for any payment made after the 3rd of the month.

_____ I understand that my first tuition payment is due July 1, 2017 and my last payment is due April 1, 2018.

_____ I understand that yearly tuition is based on all open school days, divided into 10 equal payments. Not all months have the same number of school days.

_____ I understand that I am committing to the 2017-18 school year and a space will be secured for my child for the entire school year. I must give two months written notice for withdrawals or reductions in my child's schedule. This means I will be required to pay two additional month of tuition upon withdrawal if I choose to withdraw my child or reduce his/her schedule.

_____ I understand if I request to change my schedule there is no guarantee this will be allowed, and I may be required to continue paying for my originally agreed upon schedule for the remainder of the year, regardless of unforeseen situations including but not limited to illness, job loss or change, relocation or personal family situations.

_____ I understand that there are no reductions in tuition for vacations, illness, holidays, personal vacations or snow days and swapping days is not permitted.

_____ I understand that in the event my bill becomes more than 30 days overdue a termination notice may be sent to me.

_____ I understand that if I pick my child up after my scheduled pickup time, I will be charged a \$25 late fee, regardless of the amount of time I am late. *see Handbook for further late pick up policies.

_____ I will communicate promptly with the Director if I have any questions/concerns so that they may be addressed immediately in order to make sure my child has the best possible experience at Jake's Place. Our goal is to work together to make sure every child is 100% happy!

Parent's Name/Signature

Child's Name

Date