



Creative Kids /Little Scholars Learning Academy Enrollment Agreement

Center Location: _____

I[we], _____ & _____, have employed Creative Kids/Little Scholars Learning Academy to provide childcare

services for _____.

Typical Schedule: Mon _____ - _____ Tues _____ - _____ Wed _____ - _____ Thurs _____ - _____ Fri _____ - _____

Registration Fee: Infant \$125 Toddlers-SA \$100.00 for the first child, \$75.00 for the second child at the time of enrollment: A registration fee is required at the time of enrollment and annually (on or around January 1st each year). This fee is **nonrefundable** and does not apply toward tuition. It is assessed each time the child is re-enrolled or for additional child(ren) registering at a later date. A deposit of first week's tuition and registration fee are due upon enrollment and are **nonrefundable**.

Registration Fee: \$ _____

Tuition: I understand that my weekly tuition fees are as follows:

Tuition Rate: _____ **Discount Type:** _____ **Discount Amount:** _____ **Total Weekly Tuition:** _____

Total Due now:

All Payments are due on Friday for the upcoming week. If tuition is paid after 12:00 [NOON] on Friday a **\$20.00 late charge** will be assessed. A child may be terminated if tuition is two [2] weeks late. **Tuition will not be pro-rated due to illness, holiday or weather/emergency closures. Sick care is not available; it is the parent's responsibility to make alternative arrangements.**

School Age Children: School-age child(ren) enrolled to attend on non-school days will be charged the standard non-school day rate of \$ _____ per day regardless of attendance. My child **will / will not** attend CKLA/LSLA on non-school days.

Payment Options: ACH or money orders ONLY. Accounts will be charged \$5 fee per check received.

Returned Check: A **\$30.00** fee will be charged for each returned check. CKLA/LS will have the option to refuse any further payment by check.

Late Pick up Fee: A late fee of \$15 for each partial or full 15-minute increment per child will be charged to parents arriving after 6:00pm to pick up their child (ren). : Breakfast, Lunch and PM Snack are included in your tuition cost. Infants will also be provided an AM snack

Meals. Serving Times: Breakfast 7:00-8:00 a.m. Lunch 11:00- Noon PM Snack 2:30-3:15

Vacation Credit: Each family is allowed up to **1 week of vacation per calendar year** for which no tuition is charged. A two-week notice is required to be given in writing to the director. Vacation time cannot be used for any paid Holidays that are listed in your handbook. Part-time vacation days are based on the number of days per week a child typically attends (e.g. a child who attends two days/week receives two vacation days per year). Families on a flexible or drop in schedule do not qualify for vacation credit.

Withdrawal from Program: A two-week written notice to the director is required to withdraw a child from the program. Parents are responsible for the contracted rate for these two weeks, whether our services are used or not. The center has the right to terminate this contract at any time.

Account responsibility and wavier of liability:

Creative Kids/Little Scholars Learning Academy is not responsible for any lost, stolen, or damaged items.

Creative Kids/ Little Scholars Learning Academy is not liable for any personal injury or illness that may occur on the property.

I/we, on behalf of myself/ourselves and my/our minor child hereby release Creative Kids/Little Scholars Learning Academy, its' officers, agents' and employees from all claims for injury which may be sustained by my/our child while participating in daily activities.

I [we] understand and agree to abide by all the policies and procedures as stated in the parent handbook and the above service contract. I also understand that from time to time the center's director may implement or change policies as needed; I will be notified of such changes.

Parent signature: _____ **Social Security Number:** _____ **Date:** _____

Parent signature: _____ **Social Security Number:** _____ **Date:** _____

Director signature: _____ **Date:** _____