

TUITION CONTRACT

CHILD'S NAME _____

Effective Date / /

SCHEDULE

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

CHILD'S HOURS _____ **Drop off** _____ **Pickup** _____ **TRANSPORTATION:** 1 way \$85__ 2 way \$150__

MONTHLY TUITION \$ _____ **HOURLY RATE** \$ _____

This tuition agreement is Effective Starting September 1, 2024. Please fill out a new agreement if there is **any** change in your child's schedule during the year.

Tuition is **due in advance** on the **1st** day of the month. Payment must be received **prior to the 5th of each month to prevent a late fee assessment (\$25)**. If a balance remains on the **10th of the month** your child will be suspended from care until the balance is paid in full. Finance charges in the amount of 18% per annum with a minimum of \$25 per month will be added to past due balances. A returned check fee or a credit card decline are assessed \$25. Tuition rates may be adjusted as needed throughout the year.

A non-refundable **\$30.00** registration fee is due when turning in registration forms.

Monthly tuition is a set tuition with no allowances for holidays, scheduled closures, or absences including sickness and vacation. A child's slot may only be secured by continuous enrollment.

A two-week notice is required to withdraw children from Little Wonders. Tuition will continue to be billed until the required written notice of withdrawal is provided. Please fill out a "**Child Withdrawal Form**."

The Center closes at 6:00 pm. A late charge of **\$5.00** for every **5** minutes will be assessed in addition to regular tuition if a child is not picked up by 6:00 pm.

Little Wonders Learning Center will be **closed** on the following dates during the 2024-2025:

2024: Sept 2nd, Nov 28th-29th, Dec 24th & 25th, Dec 31st

2025: Jan 1st, Jan 20th, Feb 17th, May 26th, July 4th, July 24th, Sept 1st, Nov 27th & Nov 28th, Dec 24th & 25th & 26th, Dec 31st

I agree to the terms and conditions set herein. If collections become necessary, I agree to pay all collection agency fees, court costs, and attorney fees up to 40%.

Date

Mother's Signature Print Name

Social Security #

Date

Father's Signature Print Name

Social Security #

Date

Administrator Signature

[For office use only] For updated Tuition Agreements:

Billing Contract and Formula Prorate on Ledger Print Statement Infor to Transportation Dept. Child Tracking

Child's Schedule Class List Preschool List Lunch Count Allergies

Partnership Discounts (Initial Here if the partnership discount applies) Partnership: _____