

PLEASE COMPLETE ALL FIELDS



ENROLLMENT & PAYMENT CONTRACT

THIS CONTRACT IS BETWEEN _____ THE PARENT OF _____ AND
PARENT/GUARDIAN CHILD NAME

STEPIN STONES ACADEMY FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED. *(May be terminated with 2 weeks WRITTEN NOTICE ONLY)*

Contract Hours _____ Contract Days _____

FLEXIBLE SCHEDULE? _____ YES _____ NO **SCHEDULE MUST BE SUBMITTED WEEKLY FOR APPROVAL.**

MON. _____ TUES. _____ WED. _____ THUR. _____ FRI. _____ SAT. _____

The times indicated above are the times your child is scheduled to be at the center. If you arrive after or before your contract time, your child may be refused for care depending on teacher-child ratios. Any times after that will result in additional fees as outlined in the handbook. Any schedule changes must be submitted in writing 1 week in advance to be considered for approval. Contract time changes may be changed depending on staff availability and ratios. If these rules are not followed your child's care will be terminated as deemed necessary by the director. The first notice will be verbal, second, a formal notification and last termination. Your child may only be dropped off at the times indicated. Please make sure that all authorized pick-ups are aware of the late fees, because the same rules will apply. All children must be in care by 9:00am. Children with Doctor's appointments will only be accepted after 9 am if the center was notified in advance.

Parent/Guardian Signature _____ Date _____

TUITION & PAYMENTS: Annual Registration Fee: \$100.00 PER CHILD (NON-REFUNDABLE)-DUE SEPT. 1 EACH YEAR

Weekly Tuition _____ Transportation Fee _____ Co-Pay _____ (**DUE THE 25TH OF EACH MONTH**)

I agree to pay the amounts listed above in accordance with the payment policies of the center. We reserve any right to change our tuition or fees at any time. However, you will receive 2 week notice. I understand all weekly tuitions are due in full each week on Fridays in advance for the following week. **Partial payments will not be accepted.** If payments are paid late, late fees will be assessed and due before services are rendered. Fees for services will be billed up to 2 weeks until full payment is made. If your account is not settled within 2 weeks your contracted will be voided and the amount owed will be due immediately. Accounts not settled in full within 30 days will be reported to the 3 major credit bureaus. I understand and agree that all payments are drafted via ACH by check or credit card OR BILLED by INVOICE through square. I authorize STEPPIN STONES ACADEMY To debit my account any fees owed upon termination of this contract for monies owed.

Parent/Guardian Signature _____ Date _____

HEALTH

I understand that I must submit a physical form from my child's physician within 21 days of enrollment if I submitted an appointment card. Each time my child's shots record is update I must submit a copy to the center. Failure to do so will void this contract and the sum of 2 weeks tuition will become due in addition to any other fees owed.

Parent/Guardian Signature _____ Date _____

MEDICATION

Medication will only be given when we have a MAT trainer employed.. We will administer Diaper Ointment, Insect Repellent, and Sunscreen. All items must be dated and labeled with the child's name. The item must be unopened and remain at the center. You must fill out the non-prescription form for each item and it shall be repeated every 7 days as needed.

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE BACK

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SOCIAL SERVICE CLIENTS

Children will be allowed 2 absent days per month, outside of the parents' normal schedule. Any absences after the 5 days, the parent will be responsible for payment. Exclusions: If your schedule requires you to be off. Any fees not paid for by social services will be the parent/guardians responsibility. After 5 consecutive absences your worker will be notified. Continuous absences will result in termination. If your work or school schedule change you must notify us immediately. If your child is absent frequently services may be terminated.

Parent/Guardian Signature _____ Date _____

LATE FEES-RETURN CHECK FEES

Return check fees & Rejected or returned ACH payments are \$30.00. If your check is returned your check writing privileges will be suspended for 1 year. Tuition and fees are non-refundable regardless of circumstances. Tuition is due during suspensions. Payments not paid on Fridays by 6:30pm will accrue a late fee. **On Monday Morning you will need to add \$30.00 to your regular payment and \$10.00 for each additional day after including weekends.** Your child will not be accepted into care until all fees are paid including late fees. **All tuition and late fees are still due upon termination, suspension, vacation, absence, inclement weather or center closings. Absolutely no refunds.**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOOD AND OTHER OBJECTS

No outside food is allowed. Toys are only allowed during show and tell. No toys will be allowed from home unless the class is having show and tell. You will be required to bring 4 sets of extra clothes for any child under 3 and for children who are potty training. 3 sets are required from ages 3-12 years old. Change of clothes should be in accordance with the seasons.

Parent/Guardian Signature _____ Date _____

TERMINATION

This contract will be terminated IMMEDIATELY if any of the following occur:

1. Tuition and or fees over due more than 3 days or on a frequent basis.
2. Habitual late pick-ups or late payments. 3 pick-ups/ 3 late payments during a 3 month period.
3. Your child fails to follow rules and/or promotes a safety risk to him/her or other children.
4. Policies and procedures are not followed as outlined in the Parent Manual.
5. Disrespect by any parent or authorized pick-ups to our staff.

Parent/Guardian Signature _____ Date _____

I understand and assume normal risks associated with childcare. I hereby, knowingly and voluntarily agree to release, hold harmless and indemnify Steppin Stones Academy & Preschool from any claim, harms, or injuries which may occur to or be caused by my child.

I have read and received a copy of the Parent Manual outlining all policies and procedures. I have also received an orientation reviewing all the terms in this contract and the Parent Manual. I also acknowledge failure to comply and abide by all rules and regulations outlined above may result in immediate termination at the discretion of the director and or Administrator.

I acknowledge this is a legally binding contract between Steppin Stones Academy & Preschool and me. I agree to pay all legal fees, court costs, and other expenses associated with the enforcement of payment.

Parent/Guardian Signature _____ Date _____

Social Security Number _____ D.O.B. _____

Administrator Signature: _____ Date: _____