

2018 - 2019 Financial Agreement

Please initial each statement and sign below

I understand that there is an annual non-refundable enrollment fee of \$55 for new students and \$45 for returning students, which will increase by \$7 for the 2019 - 2020 school year.

\*I agree to pay the following tuition:

Table with 3 columns: Tuition Frequency, Preschool Program, Lily Pad Corner (Extended Care). Rows include 2 days per week, 3 days per week, 2 or 3 days per week PM program, 4 days per week, and 5 days per week.

Discounts: I understand that I may be eligible to receive ONE discount only on preschool tuition as outlined below. (Discounts are not given on the Lily Pad Corner (Extended Care) Program.

Parent Participation Discount: I understand that I will receive a \$30 per month discount on the monthly tuition listed above if I complete 4 hours of volunteer work each month. I understand that this discount will be credited to my account the month AFTER the parent participation requirement has been fulfilled.

Sibling Discount: I understand that if I have more than one child enrolled in the program, that I will receive 20% off the first sibling's tuition and 10% tuition off the second sibling's tuition. If siblings attend a different number of days each week, I understand that the discount will apply to the sibling's tuition that is the least expensive.

Other Discounts: I understand that if I am a teacher (verified by a CTA card) or a member of St. Stephen's church, I will receive a 10% discount on the monthly preschool tuition listed above.

I understand that refunds or pro-rated tuition are not available for vacations, illnesses or other absences.

I understand that the school will be closed on the following dates: 9/3, 11/12, 11/19 -11/23, 12/24-1/4, 1/21, 2/15, 2/18, 4/15-4/19, 4/22, 5/27 and the last day of school is 5/30.

I understand that my child's first month's tuition is due at the time of enrollment. In the event that my child starts mid-month after the school year has already started, the tuition will be pro-rated based on my daily rate and divided by the number of months my child will be in school and this amount is due before my child can begin school.

I understand that tuition is due by the 10th of each month. I understand that if my tuition is not paid by the 10th of each month, I will be charged a late fee of \$10 per calendar day until paid in full.

I understand that if my bank returns a check for insufficient funds I will be required to pay a return check fee of \$25 and that my tuition, returned check fee and late fees will need to be paid by money order, cash, or credit card. I agree to pay said fees within 2 days of being notified of a returned check by the center.

If my child participates in any of the following programs, I agree to pay the following:

Lunch Bunch Program: \$6 per scheduled attendance day Occasional Extended Care: \$6.50 per hour

Forgotten Lunch Fee: \$5 On-Site Enrichment Program Fees: varies; opt-out option

Late Pick Up Fees: \$2 per minute Picking up an ill child past one hour after notification: \$15 and \$15 per hour thereafter

Missing Clock in or Clock out: \$2 per missing item

I understand that if my child does not attend the entire school year that the daily rate will be used to determine any balances or refunds due to either party at the time of the 10-day notice. Any balances due to the center must be paid within 3 days from the date of billing or be subject to late fees as described above.

I understand that Froggie Frontier will provide me with at least 30 days written notice if changing any of the above rates.

I have read and understand my financial obligations as listed in the Froggie Frontier Parent Handbook and as outlined above.

Signature lines for Parent/Legal Guardian's Signature, Parent/Legal Guardian Printed Name, and Date.