

Froggie Frontier Preschool & Childcare  
2011 – 2012 Financial Agreement

Please initial each statement and sign below

I have received a copy of the Parent Handbook and agree to the financial obligations described within. \_\_\_\_\_  
I understand that there is an annual non-refundable enrollment fee of \$45 for new students and \$35 for returning students. \_\_\_\_\_

\*I agree to the following monthly tuition based on the preschool program my student is enrolled in above:

	<u>Monthly Tuition</u>	
2 days a week:	\$214 per month	
3 days a week:	\$294 per month	\$264 (discounted afternoon Pre-K Program)
5 days a week:	\$483 per month	

Discounts: I understand that if I participate in the parent participation program, I will receive a \$30 per month discount on the monthly tuition listed above. I understand that this discount will be credited to my account the month AFTER the parent participation requirement has been fulfilled. I understand that if I am a member of St. Stephen's church or Sierra Moms, I will receive a 10% discount on the monthly tuition listed above. I understand that only one discount can be applied to the monthly tuition listed above.

\* I understand that I have an alternate billing option in which my monthly tuition is calculated using a daily rate times the number of instructional days in each month. I understand that if I choose this billing option, I am not eligible for the parent participation discount.

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

I understand that the school will be closed on the following dates: 9/5, 11/11, 11/21-11/25, 12/19-12/30, 1/16, 2/13, 2/20, 4/2-4/6, and the last day of school is 5/24 and 5/25.

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 as reflected on the payment option form and this amount is due before my child can begin school.

I understand that tuition is due by the 10<sup>th</sup> of each month. I understand that if my tuition is not paid by the 10<sup>th</sup> of each month, that 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 that 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. I agree to pay said fees within 2 days of being notified of a returned check by the center.

I understand that if the center receives a returned check more than once, that I will be required to pay all future tuition and other payments to the center by money order.

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

- Lunch Bunch Program: \$5 per attendance day
- Forgotten Lunch Fee: \$4 for first lunch, increasing in \$.50 increments for each lunch provided by center (maximum of \$6)
- On-site Enrichment Program Fees: varies; opt-out option
- Late Pick Up Fees: \$2 per minute Picking up an ill child past one hr. after notification: \$15 and \$15 per hour thereafter
- Missing Signature or Time Stamp: \$2 per missing item

I understand that the Lily Pad Corner Extended Care program will only be provided if a minimum number of children require this service. In the event that I participate in Lily Pad Corner, I agree to the following fees, which provides care from 7:15 a.m. – 8:30 a.m. and from 11:30 a.m. – 5:30 p.m.

	<u>Monthly Fee:</u>
2 days a week:	\$182 per month
3 days a week:	\$262 per month
5 days a week:	\$429 per month

I understand that I have an alternate billing option in which my monthly tuition is calculated using a daily rate times the number instructional days in each month.

I understand that either party may terminate enrollment with a 10-business day written notice and that any balance from pre-paid tuition will be refunded within 30 days.

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.

Mother's Signature	Mother's Printed Name	Date
Father's Signature	Father's Printed Name	Date
Administrator's Signature	Administrator's Printed Name	Date