

Froggie Frontier Preschool & Childcare  
**2021 - 2022 Financial Agreement**  
 Please initial each statement and sign below

I understand that there is an annual non-refundable enrollment fee of \$65 for new students and \$65 for returning students. \_\_\_\_\_

\*I agree to pay the following tuition:

	<u>Preschool Program</u>	<u>Lily Pad Corner (Extended Care)</u>
2 - 4 days per week:	\$38 per school day	\$30 per school day
5 days per week:	\$35 per day	\$28 per day

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), Lunch Bunch Program or other programs.) \_\_\_\_\_

Parent Participation Discount: I understand that this program will not be offered until guidelines for the COVID-19 pandemic deems this program to be safe. At that time, 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. I understand that the purpose of this program is to encourage volunteering in my child's classroom during the school day and that only a limited number of "at home" projects will be available on a first come, first serve basis. I understand that it is not the responsibility of Froggie Frontier staff to provide me with at home projects to fulfill my hours. I understand that the maximum number of hours that will be credited is 4 hours per month and I can not carry over hours from a previous month. I understand that if my child will not be returning to Froggie Frontier for the 2022-2023 school year, or if I withdraw my child from the program, that I will not be eligible to participate in the parent participation program my child's last month of school. (This will alleviate the need for Froggie Frontier to issue a refund for parent participation.) \_\_\_\_\_

Sibling Discount: I understand that if I have more than one child enrolled in the program, that I will receive 15% 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: 9/6, 10/4, 11/11, 11/22 -11/26, 12/20-12/31, 1/17, 2/14, 2/21, 4/11-4/15, and the last day of school is 5/26. \_\_\_\_\_

I understand that should the center need to close due PG&E outage, weather, staff illness, pandemic related issues or for any other reason that make-up days have been built into the school calendar. Tuition refunds will only be given if the number of unexpected closed days exceeds the number of make up days. \_\_\_\_\_

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 calculated based on my daily rate, the number of days in my child's school year 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 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, I can 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. 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, credit card, or cash. \_\_\_\_\_

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: \$7.00 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 15-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. Any refunds that are due to the client from pre-paid tuition will be refunded within 45 days. Refunds will not be given for early withdrawal in the final month of school. \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Date