

**2017/2018 Enrollment Registration Tuition and Fees Agreement**

**Castle Country Academics is an academic community whose doors are open to all students without regard to race, religion, sex, or**

**national origin.**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy: \_\_\_\_Girl: \_\_\_\_

Parent/Guardians: (*All parties financially responsible for this child must complete & sign all documents necessary for enrollment)*

**Father’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (where child resides): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Place of Employment:

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Place of Employment:

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Parent/Guardians separated, divorced or unmarried:

Name of Custodial Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\

(**CUSTODIAL OR GUARDIAN MUST PROVIDE LEGAL PROOF OF GUARDIANSHIP BEFORE ENROLLMENT WILL BE ACCEPTED)**

Name and Address of Parent/Guardian who does not live fulltime with the child:

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Fees**

$50.00 - Registration Fee per student as a commitment to attend. This serves as a basis for hiring teachers and staff.

$75.00 - Field trips fee per student due each semester, August and January for three and five day attendees. These fees are non-refundable.

$50.00 – Field trips fee per student due each semester for two day attendees. These fees are non-refundable.

**Tuition and Enrollment Programs**

New enrollees must pay first and last week’s tuition up front on or before the child’s first day of attendance. Last week’s tuition (deposit fund) will be refunded on or before 90 days and upon receipt of a two-week written notice of withdrawal provided all fees and tuition are maintained in a timely manner.

**Tuition:**

⁭ 5 days with Extended School Services Between hours 7:00 – 5:30 $165.00

⁭ 5 days Between hours 8:30 – 3:30 $150.00

⁭ 3 days with Extended School Services Between hours 7:00 – 5:30 $115.00\*

⁭ 3 days Between hours 8:30 – 3:30 $100.00\*

⁭ 2 days Between hours 8:30 – 3:30 $ 75.00\*

\*Students attending three days must attend on Monday, Wednesday, and Friday. Students attending two days must attend on Tuesday and Thursday. Exceptions require director approval and subject to higher tuition.

**Enrollment Programs:**

**⁭** Preschool (Ages 2 - 2 ½)

Pre-k 1 (Ages 2 ½ -3)

Pre-k 2 (Ages 3 - 4)

**⁭** Transitional Kindergarten (Ages 4 - 6)

My child is enrolled in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_program and will attend \_\_\_\_\_\_\_\_ days, the hours of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my tuition being $\_\_\_\_\_\_\_\_\_\_\_\_per week which is the current tuition rate for the program I have chosen.

**Enrollment Contract Terms and Conditions:**

Tuition is due and payable on the first day of attendance each week. An invoice will be issued for each month. Tuition can be paid monthly and bi-weekly, however, must be paid in advance on child’s first day of attendance for that month or two-week period. Appropriate alternate Tuition Fees must be paid during absences, school breaks and holidays. Students not enrolled in Extended School Services must be picked up promptly at 3:30. I will be charged a late fee of $15 per every fifteen minutes or portion thereof per child until the child is picked up.

**Late or unpaid tuition:** If payment is not received in full when due, I agree to pay a late payment fee of $30.00 per week that tuition is not received. Fees not paid will be deducted from my deposit fund. I understand that if my account is delinquent for more than one week, refund of Deposit Fund will be forfeited and I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition. Non-sufficient fund checks will be treated as late payment of tuition, and I understand any late fees or bank fees charged as a result will be my responsibility. Any unpaid tuition fees may be sent to a third-party collection agency. **I understand that if any unpaid balance is assigned to a third-party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of my account, a collection fee $100.00 added to my account. I agree to pay that fee. I further agree to pay reasonable attorney fees and court costs if a judgment is granted against me. I agree that by providing a cell phone number on this form, I am providing my consent to have you or your agents call me at that number and any number to which it forwards from this date forward.**

**Discounts:** If my child attends full-time, a 10% discount on tuition is offered to me for each additional child from my immediate family who enrolls in a full-time program (full-time is 5 days). Discounts are not applicable on any fees, deposit fund or Agency Co-pays.

**Alternate Tuition and Tuition for Holidays and Breaks:** I will be responsible for tuition payments on Holidays and Breaks listed in Parent Handbook. Alternate tuition fee of Fifty percent (50%) of my regular tuition will be due during the weeks of Christmas Break and Spring Break. No tuition is due the weeks closed during summer break as stated in Parent Handbook.

**Absences/Vacations:** I agree to inform the school immediately if my child will be absent on any day. I understand my regular tuition is due for all scheduled days my child attends. Absences due to illness in excess of five (5) scheduled attendance days will be charged a reduced tuition of rate of 50% of contract amount until the child returns. A doctor’s release allowing the child to return to school must be submitted to receive discount. Absences of 4 weeks or longer will be reduced to 50% of contract tuition to hold their child’s enrollment position.

**Inclement Weather or Other Disasters:** I understand that inclement weather, natural/national disasters or major building issues may disrupt service from time to time. I understand that tuition is due and payable unless the school is closed for five (5) consecutive days, then tuition will be reduced to fifty percent (50%) of my regular tuition.

**Agency Reimbursement:** I understand that I am responsible for any tuition payment, fees and late fees in excess of any agency or third-party reimbursement. I am responsible to swipe in a timely fashion in order CCA can receive their payments in a timely fashion. I understand any failure to initiate payment in a timely fashion due from agency will result in a process fee of $30.00. I am responsible for communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

**Withdrawal from Program:** All fees and tuition are due and applicable under above contract terms until a two-week **written** notice of withdrawal from the program is received. I agree to pay all tuition and fees until my child’s last day of attendance. Upon receipt of written two week notice of withdrawal, I will be refunded my deposit fund (last week tuition) on or before 90 days and provided all fees and tuition are current and my tuition payments have not been in arrears for more than two weeks, on my child’s last day of attendance. If this notification is not provided, I understand I will not be refunded my deposit fund. I understand all fees and tuition not paid will result in reduction or forfeiture of deposit fund. I understand my child will only be eligible for re-admission based upon space availability and other enrollment criteria. I understand all fees (tuition, registration, or activity) are non-refundable.

The undersigned are financially responsible and will comply with the policies set forth in the Enrollment Registration Tuition and Fees Agreement. The policies in this contract will supersede all other previous Tuition and Fees documents. **I understand and agree to all of the above terms.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My child’s first day is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_