

**FALL 2016-2017  
REGISTRATION FORM AND TUITION AGREEMENT**

CHILD'S NAME \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Relation To Child \_\_\_\_\_

**MY CHILD CAN BE PICKED UP BY THE FOLLOWING PEOPLE:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Relation To Child \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Relation To Child \_\_\_\_\_

**NO PICKUP!**

Names \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Fall registration fees are \$50.00 per child and are non-refundable.

**FALL TUITION AGREEMENT**

CHILD'S NAME \_\_\_\_\_

I would like to enroll my child for the following days.

- |                                      |                                      |                                    |
|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> 5 Full Days | <input type="checkbox"/> 5 Half Days | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> 4 Full Days | <input type="checkbox"/> 4 Half Days | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> 3 Full Days | <input type="checkbox"/> 3 Half Days | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> 2 Full Days | <input type="checkbox"/> 2 Half Days | <input type="checkbox"/> Thursday  |
|                                      |                                      | <input type="checkbox"/> Friday    |

**Arrival Time** \_\_\_\_\_ **Departure Time** \_\_\_\_\_

Your contracted tuition fee is \$\_\_\_\_\_ per week from August 29, 2016 through the last day of the 2016-2017 school year to be determined by Governor Mifflin School District. This fee is due on the Monday of each week. Additional days may be added only with advance notice and if space allows, at a rate of \$35/half day and \$50/full day for preschool children. **Your weekly rate will not be adjusted due to absence, illness, holidays or vacations. Full time students enrolled 5 full days (September through August) will be permitted one week of unpaid tuition per calendar year. Please notify us in writing of this week.**

There is a late pick-up fee of \$20.00, for each child picked up after 6:00 PM (or after 4 hours for half day children). There is a charge of \$10.00 per hour for additional hours of care upon advanced notice. Please note that we staff according to ratios. We must approve schedule changes in advance for your child to assure we have adequate staffing to provide quality care for every child.

There is a one month's notice required for withdrawing your child. **Your child will not be admitted to class if you fail to pay for two consecutive weeks.** To be readmitted, you must meet with one of the Directors and make payment in full or other satisfactory arrangements. If your check is returned due to insufficient funds, a \$35 surcharge will be added to your bill.

In the event tuition becomes 30 days or more past due, it will be placed with Hamilton Law Group for collection. I/we agree to pay a service charge of 1.5% per month (18% APR), and any and all collection and reasonable attorney fees.

I have read the regulations regarding tuition payment procedures and agree to abide by them.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Director's Signature \_\_\_\_\_ Date \_\_\_\_\_