



# Enrichment Academy 2019-2020 CONTRACT



Child's Name \_\_\_\_\_

Schedule (check applicable boxes):

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
PM	<input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>

Start Date \_\_\_\_\_

Monthly Tuition Amount \$ \_\_\_\_\_ Annual Registration Fee \$50

Payment Options (initial):

\_\_\_ Standard Payments

Please Circle Option: 1 2 3

\_\_\_ Third Party Billing (requires approval prior to registration-special conditions and/or requirements apply)

Contract Agreement: This is a contractual agreement between the undersigned and the Salem-Keizer Education Foundation. Terms and conditions are subject to change. I agree to the following conditions of enrollment:

- 1) I understand that my tuition is a flat monthly payment **regardless of absences** due to ILLNESS, VACATION, HOLIDAYS, or BUILDING CLOSURES, or NON-USE. I understand that my monthly payment amount may be subject to change. 30-day increase notices will be provided.
- 2) I understand that all registrations require a **non-refundable \$50** yearly registration fee. One full-month's tuition is due at the time of new registrations.
- 3) I understand that **full payment** for the month is due on the **1<sup>st</sup> day of each month** of program. Payments are considered delinquent and subject to a **\$35 late charge** if not received by **the 5<sup>th</sup>** of the month.
- 4) I understand it is **my responsibility to notify the Salem-Keizer Education Foundation of changes** to my account and to immediately address billing issues upon receipt of my statement, **prior to the billing due date.**
- 5) I understand that **non-payment of the current month's program by the 15<sup>th</sup> of the month will terminate my program**, unless payment arrangements are made prior to that date with the childcare billing staff. Re-admittance will be allowed only when past due amounts have been paid or payment arrangements have been made, and there is space available. Two notices of termination may revoke re-admittance privilege and/or require a re-enrollment fee. 60 day past due accounts are subject to collection.
- 6) I understand that there is a \$35 fee for NSF checks. I will pay the NSF amount plus the NSF fee **in cash immediately** (within 5 days, maximum) upon my check being returned to me by the Salem-Keizer Education Foundation. I understand that two (2) checks drawn on insufficient funds may forfeit future childcare privileges.
- 7) I understand that I am required to give a minimum of **TWO WEEKS WRITTEN NOTICE** before removing my child from the program. Accounts are charged for service until written notice has been received by the Salem Keizer Education Foundation. Unpaid accounts forfeit future access to programming and are subject to collection.
- 8) I understand it is my responsibility to report permanent schedule changes in writing to the Salem-Keizer Education Foundation.
- 9) I may not alter my child's schedule without a two week written notice. Un-scheduled attendance will generate additional charges.
- 10) I agree to pay late fee at a rate of \$30 per 15 minutes beginning at 6:01 pm. Late fees will be added to the next months bill.
- 11) **Option 3 is a 12 month option and subject to penalty for early withdrawal.**
- 12) **I acknowledge that I have received and reviewed the parent handbook**

\_\_\_\_\_

Signature of Parent/Responsible Party

Printed Name

Date