



NJ Tuition Agreement – 2018-2019

Date of Enrollment: _____

EMAIL ADDRESS: _____ (For purposes of receiving the Parent Handbook)

HOW DID YOU HEAR ABOUT US? _____

Infant Enrollment

Please be advised that in addition to the registration fee, the first week of tuition is due upon registration which will be applied to the first week of attendance. You may only change the original enrollment date one time within 30 days from the original date selected. If you do not attend on your scheduled date your spot will not be held for any additional time and the tuition payment will not be reimbursed. Date: _____

In case of an emergency, I give permission for my child to be released to the people named on the emergency contact on file.

1. I would like to enroll my child(ren) _____ in Just Children Childcare Center.

Hours of Operation: 6:30AM - 6:00PM

My child's schedule will be as follows:

Monday	AM _____	PM _____	Full Time _____
Tuesday	AM _____	PM _____	Full Time _____
Wednesday	AM _____	PM _____	Full Time _____
Thursday	AM _____	PM _____	Full Time _____
Friday	AM _____	PM _____	Full Time _____

If changes are needed to the above schedule, the Director must approve them, and any additional time will be charged accordingly.

2. Payment of fees:

I agree to pay on Monday, or the first day my child attends each week, the sum of \$_____. Should the fee become delinquent by **one week**, immediate withdrawal of my child will be requested until the entire overdue balance is paid in full. I also understand that my child's place will not be reserved in the class. I understand if I receive a child care subsidy that I am responsible to pay the full difference between Just Children's tuition charge and the amount the subsidy agency pays.

3. Cash Payment

I understand that Just Children will not be held responsible for cash payments made without a receipt.

4. Late Fee

I agree to pay a late fee of \$20.00 if tuition is not paid by noon on Friday of each week.

5. Registration Fee

I understand that there is a **non-refundable Registration Fee**, which is paid at the time of enrollment. If I withdraw my child for any reason, it will be necessary to **re-register** and pay the registration fee again. I understand that my child's place in the class will only be held should I withdraw for 4 weeks or longer and re-register. If my child's withdrawal or absence is less than 4 weeks I am required to pay the full tuition as stated on the tuition agreement.

I understand that a **non-refundable Re-Enrollment Fee** of \$100.00 is payable each March.

6. Late Pick-Up Charges

I understand that if my child remains at the Center past the designated closing, I will be charged and agree to pay **\$5.00 for each portion of 5 minutes after 6 pm that the staff member must stay. This fee should be paid in EXACT CHANGE and CASH ONLY directly to the caregiver on duty. This fee is due immediately.** If late 3 times I may be asked to leave.

7. Returned Check Policy

I understand and agree to pay a \$35.00 processing fee for any check that is returned from the bank. I agree to pay all future tuition in cash or money order, should two checks be returned from the bank.

8. Services Provided

Care is provided for children age two months through young school age (Infants, Toddlers, Pre-school, Kindergarten and Young School Age). Morning and afternoon snacks are included.

9. Holidays

I understand that Just Children will observe the following holidays during which the center will be **closed**:

In-Service Day	Christmas Eve & Day	President's Day	July 4 th Holiday
Labor Day	New Year's Eve & Day	Good Friday	
Thanksgiving Day & Friday	Martin Luther King Day	Memorial Day	

I understand that tuition for all programs is structured to compensate for the holidays and **I will not be entitled to any credit on my weekly tuition charge.** A full week's tuition will be charged during these weeks. Children who are enrolled on a part-week basis may not switch days to compensate for a holiday, sickness, snow or any reason without the consent of the director. Also, days will never be carried over from one week to the next.

10. Refund and Absentee Policy

I understand that **NO Refunds** will be made for days missed due to **illness, snow, vacation, or holidays or any event that would require Just Children to close.** The full tuition is payable each week that my child is enrolled.

11. Withdrawal

I understand that **written notice** is required **two weeks** prior to withdrawal. If this notice is not given, I agree to pay two weeks additional tuition.

12. Dismissal

Should the Director determine that my child cannot adjust to the center's program, the child will be withdrawn after 2 week's notice and this agreement will be terminated.

13. Reporting Problems or Irregularities

I understand that, should problems occur at the center or irregularities be noticed, these will be reported at once to the classroom teacher or center director.

14. Year End Payment Information

It is agreed and understood that if my tuition account is not current, year end payment information will not be released until my account is paid in full. All payment information will be given to the primary payer on the account.

15. Release of Child

I understand that my child will not be released to an authorized pick-up person or myself should the center staff suspect this person to be under the influence of drugs or alcohol. I further understand that my child must be in a proper seat restraint appropriate for his/her age and weight. I further understand that without a court order my child may be released to the parent or custodian whether listed on the application or not with the approval of the local authorities.

16. Return of Required Forms and Papers

It is agreed that I will return state and center required forms (i.e. medical form) when they are due or I may be asked to keep my child at home until all required forms are submitted. If you wish for service to continue upon return, all tuition is due for the period that the child was kept at home. Should this tuition not be promptly paid, the child will have to be permanently withdrawn. I also understand that it is my responsibility to make sure that my child's health assessment is kept current according to the American Academy of Pediatrics guidelines with a physical exam and my emergency contact is updated every 6 months along with a periodic review every 6 months of my tuition agreement.

17. Responsibility of Child's Belongings

I agree that Just Children will not be responsible for my child's belongings should I fail to pick them up within 10 days after my child's last day of enrollment. I understand that these belongings will be donated to a charity of Just Children's choice.

18. BCCAP (1001 Briggs Road and 14000 Commerce Pkwy Only)

As a participant in the BCCAP/echildcare subsidy program I agree to check in and out via swipe/phone system each day that my child is contracted with Just Children. This includes sick days. I understand that it is my responsibility to make sure my attendance is correct at the end of each week. In the event that my attendance is not correct I understand that it is my responsibility to contact Wanda Fisher at BCCAP at 609-835-4329, ext. 5134 to correct any issues. In the event that I have to contact Wanda Fisher, I will also submit in writing to the director of Just Children a brief summary of the problem along with the time and date of my call. I understand that if Just Children is not paid correctly due to improper check-ins/outs that I am responsible to pay Just Children the full tuition not paid by BCCAP. The BCCAP payment system runs two weeks behind and so as not to accrue late fees, I understand that this payment is due immediately.

19. Should I disagree with the policies of the school and or the director and create a hostile environment, I will be told that my affiliation with Just Children has been terminated.

20. This parent agreement is subject to change with two week's notice.

21. This tuition agreement supersedes all other agreements.

22. All policies are explained in detail in the parent handbook which will be e-mailed to you at the address provided above. Handbooks are updated annually and by signing this agreement I agree to follow all policies and procedures as written.

23. If my account becomes delinquent and I am sent to collections, I agree to pay a \$45 collection fee on top of the original balance owed.

Parent's Signature: _____ **Date:** _____ **S.S.#** _____

Director's Signature : _____ **Date :** _____

Periodic Review:

Date: _____ **Parent's Signature:** _____