

All About Kidd's Learning Center

POLICY CONTRACT

Please carefully read, sign, and return the following form to the center director.

I have been provided an All About Kidd's Parent Handbook and agree to abide by all the policies and procedures therein. I agree to pay the following tuition, any late fees, or change in schedule fee. amounts, and understand that these may change depending on schedule and rate adjustments during the course of enrollment. Two weeks notice must be given for disenrollment. This contract can be terminated by AAK at any time if policies and procedures are disregarded by parents/guardians.

1" Child's Name _____ Monthly Tuition _____ Weekly Tuition _____^{2nd}

Child's Name _____ Monthly Tuition _____ Weekly Tuition _____

3" Child's Name _____ Monthly Tuition _____ Weekly Tuition _____

____ Monthly Tuition is due on the 1st of the month and processed through Bright wheel or at the center. If paying by check every month then Bright wheel will be kept on file at AAK as back up. Tuition will be processed through Bright wheel if payment is not made by 5th of every month. A \$20 late fee will be assessed to the account.

____ Weekly Tuition is due the 1st day of attendance every week. If paying by check every week than Tuition All About Kidd's will be kept on file at AAK as back up. Tuition will be processed through Bright wheel if payment is not made by the 2nd day of attendance every week. A \$20 late fee will be assessed to the account.

Registration Fee \$ 75 is due upon enrollment.

Approved Start Date _____

Weekly Schedule/Days _____ *Hours _____

I have read and agree to the Tuition and Payment Policy for All About Kidd's.

____ I have read and agree to the Discipline & Guidance Policy for All About Kidd's.

____ I have read and agree to the Wellness Policy for All About Kidd's.

____ I have read and agree to the Assessment Policy for All About Kidd's. I will complete an Ages and Stages Questionnaire on a yearly basis, provided by AAK.

I have read and agree to the Special Needs Policy for All About Kidd's. I will seek assistance for my child if concerns of cognitive/social/emotional needs arise. AAK will work with me as a team and provide support and resources.

____ I give my permission for AAK to use photographs/videos of my child for advertising,

Both parents must sign OR parent/guardian with sole custody of the child:

Parent/Guardian _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Date: _____

*AAK limits daily enrollment to 10 hours a day maximum. Fees will be applied for over 10 hours. Any change in originally scheduled hours needs to be approved by a Director/Owner of Morning All About Kidd's and is not guaranteed due to possible staffing and ratio restrictions. Change in Schedule fees will be applied.