

**2018-2019**  
**A CHILD'S WAY**  
**BEFORE/AFTER SCHOOL CONTRACT**  
801 Howard Avenue, Burlingame, CA 94010  
650-342-3460

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

Telephone # \_\_\_\_\_ Days Attending (circle one): 1 2 3 4 5

- **Monthly tuition: Is computed for the school year and is due September 1 – May 1**
- **Early Dismissal and “In-Service” days are included in tuition, if they fall on child’s regularly schedule attendance.**
- **Holiday Week Programs are not included.**
- **Weekly Tuition: Is due Monday of each week.**

I agree to pay tuition of \_\_\_\_\_ every \_\_\_\_\_.

**A Child’s Way reserves the right to raise the tuition with one month’s notice**

I understand and agree to the following:

1. I have been given the price sheet, registration form and all of the health and information forms and understand the information. My child may not enroll until all the forms are returned
2. I have paid the \$125 Registration Fee and understand that it’s **Nonrefundable.**
3. There are no credits or refunds for absences, personal vacations or National Holidays.
4. I will give 30 days notice of intention to leave and ACW reserves the right to keep the last months tuition if my child leaves in the middle of the year.
5. I will pay tuition on time or pay a \$15 late fee for tuition received after the due date.
6. If my tuition is more than 30 days late, my child and I may be asked to leave the program.
7. There is a \$25 ACW fee for checks that have been redeposit or returned unpaid.
8. I have signed the consent for medical treatment in an emergency. All injuries will be written up on an accident report. A Child’s Way does carry medical insurance.
9. I may visit the classroom at any time unannounced. And, Community Care Licensing may visit unannounced and has the right to speak with parents, children and staff.
10. I will call A Child's Way if my child will be absent.

Signed \_\_\_\_\_ Date \_\_\_\_\_