

This contract is between
Precious Years Learning Center, Ltd.
5906 Springdale Road, Cincinnati, Ohio 45247



2021-22
Academic Year

parent/guardian legal name

mailing address

city, state, zip

email address

entered into this date, ___/___/___ for the duration of the 2021-22 school year beginning on August 17, 2021 through May 16, 2022, made binding by the receipt of *\$85 dollars.

*Registration fees are per year, per family & non-refundable.

Your weekly rate is.....\$

CHILD'S LEGAL NAME:

DATE OF BIRTH :

M T W Th F ___ Turtle Class [18mos – 29mos] \$50/day
___ Giraffe Class [older 3s turning 4] \$40/day

___ Monkey Class [30mos – 3years \$50/day
___ Frog Class [older 4s turning 5, not enrolled in KTG]

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WILL YOU NEED CARE FOR YOUR SCHOOL-AGED CHILD? Please check one:

___ as needed basis \$40 per day ___before care \$50/week ___after care \$50/week ___ both B & A care \$100/week

Check each item indicating knowledge of policy and sign below:

- ___ weekly tuition is due the first day of the week my child attends.
- ___ I understand that my weekly tuition is due regardless of illness, holidays, or inclement weather, unless redeeming a vacation coupon.
- ___ I will read through the Family Handbook, Emergency Plan and Code of Conduct prior to starting
- ___ I will receive 2 weeks unpaid tuition coupons during this contract, unless enrolling after Jan 1.
- ___ I can change my child's schedule for a \$25 contract change fee IF space is available
- ___ I may cancel this contract by submitting my request in writing with a notice of two weeks.
- ___ Should I cancel, I know I am still contracted to pay for the 2 weeks, regardless of attendance

Parent/Guardian Signature

date

Program Representative Signature of Acceptance

Parent Portal Access

User Name: _____
Passcode: _____



Office Use Only

RELEASE POLICY

At the end of class or the end of the day, students will **only** be released to a parent, guardian, or other authorized person listed on the release form. The school reserves the right to request picture identification of anyone picking up a child. The school also reserves the right to withhold the release of any child if proper identification cannot be shown or verified. We **will always withhold** the release of any child to **anyone suspected of driving under the influence** or **anyone displaying an inability to safely operate a motor vehicle.**

If you or someone authorized to pick up your child needs assistance due to special needs or circumstances, please notify us so that accommodations can be made.

It is extremely important that your child be picked up on time each day. Late pickup charges will be imposed at the rate of **\$2 per minute** past pickup time [noon or 5:30pm] and billed to your tuition account. This applies to half-day dismissals as well as those whose child attends all day. If you are late, a late fee notice will be placed in your parent file. Please add that amount to your next tuition check as it goes entirely to the staff members who stayed late to care for your child.

RELEASE AUTHORIZATIONS

My child **may be released** to the following individuals: **(It is not necessary to list parents or legal guardians)**

Name of adult 18 years or older	Relationship to Child	Child refers to as...
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Name of adult 18 years or older	Relationship to Child	Child refers to as...
Name of adult 18 years or older	Relationship to Child	Child refers to as...

****NON-RELEASE STATEMENT****

My child my NOT, under any circumstances, be released to:

Name of adult 18 years or older	Relationship to Child	Child refers to as....

Due to the following circumstances: _____ Note:**Any non-custodial parent who is excluded from pickup will not be allowed to gain entry. In order to withhold a parent's right to see their child, the custodial parent or guardian MUST provide the most recent copy of any custody agreement to be kept in the child's file while attending school. **

By signing, I authorize the above people to pick up my child and hold harmless Precious Years Learning Center, Ltd. from any liability arising from the above named individuals have control, custody and care of my child. I further agree to provide the school with any court papers proving denial of custody to a non-custodial parent in order to exclude said parent from control, custody and care of my child.

Signature of Parent/Guardian X _____ Date ____/____/____