



Soans Christian Academy
7912 Dungan Rd. Philadelphia PA 19111
Tel: (267) 388-7648 | Fax: (267) 731-1857
Email: soanschristianacademy@gmail.com

GENERAL INFORMATION

Child's Name: _____ Child's Date of Birth: _____
Admissions Date: _____ Withdraw Date: _____

Hours of Operation 7:00AM to 6:00PM

(Circle One): Young Toddler Older Toddler Preschool
Before School – ONLY After School – ONLY Before & After School Summer Camp: June – August ONLY

TUITION AGREEMENT CONDITIONS

- Services to be provided as part of tuition include SEE PARENT HANDBOOK.
- Extra services to be provided at an additional fee, if applicable are: N/A
- Agree to update the Emergency Contact/ Parental Consent Form information whenever changes occur or every six (6) months at a minimum.
- I agree to pay-a Registration Fee of \$25.00 at the time of enrollment. I understand this is a non-Refundable fee and not applicable toward tuition.
- I understand that a deposit of _____ must accompany the approved enrollment application and will be applied to the child's first week's co-pay/tuition payment, if applicable.
- I agree to pay by the preceding Friday, the sum of _____. I will automatically include a late fee of \$10.00 to the tuition payment when made after Monday at Noon. Should tuition remain unpaid, I will be asked to withdraw my child until the outstanding balance is paid in full. All legal and collection fees incurred in the collection of tuition are the responsibility of the parent/guardian.
- If additional time or a change in schedule days is required during any given week. I understand that after prior approval is given, I may be required to pay an additional rate. If an occasion arises where fewer days are needed during the week, my usual week's tuition is still required.
- I agree to pay a \$25.00 processing fee for any check that is returned by my bank for any reason, If more than two checks are returned, money orders or cash will be required.
- I understand that in order for accurate emergency and bookkeeping records to be maintained, it is crucial that I sign my child in and out daily.
- I understand that my will only be released to the following individuals:

- I understand that if my child remains at the Center past the designated closing time, I will be charged and agree to pay an additional fee of \$1.00 for each additional minute after 6:00pm, or my part thereof, he/she remains.
- I understand there will be no reduction in tuition. for holiday's, vacations (NO more than 1 week), illness, inclement weather, or any other absences from school. In the event my child contracts a contagious and/or infectious illness, I must notify the school and make alternative arrangements for my child's care until the danger to others has passed, I agree to notify the Center whenever my child is absent.
- I understand the Center is opened all year, except for holidays declared by the Center Director.
- I do _____ do not _____ give permission for my child to be *photographed/ videotaped and the photos/tape to be displayed in the school.*
- I/We _____ Grant I/We _____ DO NOT Grant permission for use of picture, voice, video, name, work and participation of this child/ student to be published on the center's website. (Center images are used on the internet to promote student activities and celebrate your child's work and participation. Rest assured, the center will safeguard all content and will not share/release any information without prior consent from you the parent/ guardian.)
- I agree to give two weeks written notice before withdrawing my child from the school or changing my guaranteed days. My account must be current.
- I consent to all terms of this Agreement and have received a signed and dated copy of this contract. I have read, understand, and accept the conditions of this tuition agreement as school policy and realize that these fees and conditions may be revised as necessary without prior notice. The school further reserves the right to dismiss the named student if it is determined that the school's program does not benefit the child or in the event of non-payment of fees.

Parent / Guardian (Print Name)

Kristen Domico

Director's (Signature & Date)

Parent / Guardian (Signature & Date)

Periodic Review (Parent/ Guardian Signature & Date)