



TUITION AGREEMENT AND POLICY

Child's Name	D.O.B.

Parent(s) or Guardian(s) Name _____

Seed of Life Center for Early Learning and Preschool Inc is open from 7:00 AM until 6:00 PM. I _____ the Parent or Guardian of _____ fully understand that my child cannot be at center for more than 10 hours (only 8:30-2:30 = 6 hrs. for SPP). If my child is at center more than ten (six for SPP) hours then CPS (Child Protective Services) will be notified.

There will be a **flat rate late fee** of **\$25.00 after 6:00 P.M. (2:30 P.M. for SOL RB SPP, 3:00 P.M. for SOL Orca SPP)**, which will be due by the next business day prior to your child returning to school. **The balance must be paid in full before your child returns to center.**

My child _____ is a full-time student at Seed of Life Center for Early Learning and Preschool, INC. Tuition is non-refundable for absences, vacations, sick days, or school closures.

Tuition of _____ will be paid **by the 5th** of the month through tuition express. The **late fee is \$30.00 per day late** and **after the 15th** your child will be terminated if payment has not been paid by the 15th. **Failure to pay tuition or late fees will result in notice of immediate termination.**

These fees also apply for co-payments. **Seed of Life Center for Early Learning and Preschool, INC reserves the right to terminate care for delinquent payments, absences for more than one month without notice, or lack of cooperation in following the guidelines stipulated in this contract or in the Parent's Handbook. Returned payment through tuition express will result in a \$40.00 charge, and after the 2nd returned payment; only cash will be accepted by the 1st of the month.**

<input type="checkbox"/> Private		<input type="checkbox"/> City	<input type="checkbox"/> SPP	<input type="checkbox"/> Other: _____
				Co-payment \$: _____
				Exp.: _____

SOL does not accept checks or money orders. Payments can be made by credit card with a 3% charge of balance or Cash which is due by the 1st of Month.

I agree to promptly notify Seed of Life Center for Early Learning and Preschool, INC of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand, and agree to comply with the policy and procedures outlined in the Parent Handbook and Tuition Agreement and Policy. Seed of Life Center and Preschool, INC provided a copy of this contract.

Parent/Guardian Signature	Date

I agree to provide childcare services to the above plan. I agree to promptly notify parent(s) or guardian(s) of any changes of the above information.

Provider Signature	Date