

TUITION AGREEMENT

I HAVE BEEN ADVISED THAT THE HOURS OF OPERATION FOR NEW ADVENTURES EARLY LEARNING CENTER, INC. IS MONDAY THROUGH FRIDAY FROM 7:00 AM UNTIL 6:00 PM. I AM RESPONSIBLE FOR PAYMENT IN ADVANCE AND A LATE FEE WILL BE CHARGED TO MY ACCOUNT IN THE EVENT THAT PAYMENT HAS NOT BEEN MADE IN ADVANCE. WE DO OFFER A SIBLING DISCOUNT.

IF MY CHILD IS NOT PICKED UP BY 6:00 PM I WILL BE CHARGED A LATE FEE OF \$1 PER MINUTE. IF EXCESSIVE LATENESS OCCURS, I UNDERSTAND THAT THE SCHOOL HAS THE RIGHT TO DISCONTINUE ENROLLMENT UPON NOTIFICATION TO GUARDIAN.

I UNDERSTAND THAT TUITION IS DUE IN ADVANCE THROUGH ELECTRONIC FUNDS TRANSFER OR WEB LINK PAYMENTS. IF PAYMENT DOES NOT GO THROUGH FOR ANY REASON, A LATE FEE WILL BE CHARGED AND WITHDRAWAL FROM THE PROGRAM WILL OCCUR AFTER THE SECOND DAY WITH NO PAYMENT. A RE-REGISTRATION FEE WILL BE REQUIRED IF MY CHILD IS DISENROLLED FOR ANY REASON THROUGHOUT THE YEAR.

I UNDERSTAND THAT I MUST GIVE THIRTY DAYS NOTICE IF I CHOOSE TO WITHDRAW MY CHILD FOR ANY REASON. I AM RESPONSIBLE FOR PAYMENT IF I WITHDRAW MY CHILD WITHOUT PROPER NOTIFICATION. FOR ELEMENTARY AGED STUDENTS, **I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL WEEKS CHECKED DURING SUMMER CAMP.**

I UNDERSTAND THAT THERE ARE NO REFUNDS OF DEPOSITS, REGISTRATION FEES OR TUITION PAYMENTS AT ANY TIME. I AM RESPONSIBLE FOR ALL PAYMENTS REGARDLESS OF DAYS MISSED DUE TO ILLNESS, VACATION, HOLIDAYS, WEATHER CONDITIONS, ETC. THERE ARE NO MAKE UP DAYS ALLOWED. IF MY CHILD STAYS PAST THEIR ENROLLED TIME ON ANY GIVEN DAY, I WILL BE BILLED \$5 PER HALF-HOUR EXCLUDING 6:00 PM CLOSING. EXTRA DAY FEES APPLY.

STATEMENTS OF UNDERSTANDING

EMERGENCY AUTHORIZATION:

IN THE EVENT OF EMERGENCY, NEW ADVENTURES EARLY LEARNING CENTER WILL FIRST TRY TO CONTACT ME IMMEDIATELY WITH THE EMERGENCY NUMBERS PROVIDED. IF I AM UNAVAILABLE, I AUTHORIZE NEW ADVENTURES EARLY LEARNING CENTER TO OBTAIN MEDICAL TREATMENT AND SERVICE FOR MY CHILD BY REQUESTING EMERGENCY MEDICAL SERVICES (911).

EMERGENCY PROCEDURES:

IN THE EVENT OF AN EMERGENCY SITUATION, I UNDERSTAND NEW ADVENTURES ELC FOLLOWS BROWARD COUNTY PUBLIC SCHOOLS. I AM RESPONSIBLE FOR PICKING UP MY CHILD IMMEDIATELY IF THE SCHOOL CLOSES FOR ANY REASON.

ALTERNATE NUTRITION PLAN:

I UNDERSTAND THAT NEW ADVENTURES CURRENTLY PARTICIPATES IN THE FEDERAL FOOD PROGRAM AND A CURRENT FOOD APPLICATION MUST BE KEPT ON FILE ANNUALLY. IN ADDITION, A MEDICAL CONSENT MUST BE KEPT ON FILE IF ADDITIONAL FOOD IS REQUIRED TO BE BROUGHT IN.

PERMISSION FOR PHOTOGRAPHS:

I AUTHORIZE NEW ADVENTURES TO PHOTOGRAPH/ VIDEOTAPE MY CHILD FOR EDUCATIONAL AND ADVERTISING PURPOSES.

DISCIPLINE POLICY:

I HAVE BEEN ADVISED THAT NEW ADVENTURES PROMOTES POSITIVE DISCIPLINE TECHNIQUES SUCH AS GUIDANCE AND REDIRECTION. AT NO TIME IS PHYSICAL, CRUEL OR HARSH PUNISHMENT USED. I UNDERSTAND THAT THE SCHOOL HAS THE AUTHORIZATION TO WITHDRAW MY CHILD IN THE EVENT THAT MY CHILD IS EXCESSIVELY ENDANGERING HIM/ HERSELF, OTHER STUDENTS OR STAFF MEMBERS UPON NOTIFICATION TO THE PARENT/ GUARDIAN.

I HAVE READ AND UNDERSTAND THE FAMILY HANDBOOK AT NEW ADVENTURES EARLY LEARNING CENTER, INC. AND AGREE TO THE POLICIES AND PROCEDURES STATED WITHIN. I HAVE ALSO READ *THE INFLUENZA VIRUS GUIDE FOR PARENTS*.

I HAVE READ AND RECEIVED A COPY OF *KNOW YOUR CHILD CARE CENTER AND DISTRACTED DRIVER IN APRIL AND SEPTEMBER*.

HEALTH EXAMINATIONS:

I UNDERSTAND THAT I AM RESPONSIBLE FOR PROVIDING AND MAINTAINING UP TO DATE HEALTH AND IMMUNIZATION RECORDS FROM MY CHILD'S PHYSICIAN IN ORDER TO STAY ENROLLED AT THE SCHOOL.

ELEMENTARY STUDENTS: I AUTHORIZE NEW ADVENTURES TO PICK UP MY CHILD FROM THE ELEMENTARY SCHOOL AND ATTEND FIELD TRIPS ON THEIR VEHICLES.