



616 NE. Main St. Lee's Summit Mo 64063

GRAY areas are to be filled out by the administration department.

CONTRACT Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_ Renewal Year \_\_\_\_\_ Referred  Yes/  No

I (we) hereby wish to enroll my child/ren with Right At Home Preschool, owned and provided by Rashawn Carter – Kamau. (Additional children's names may be printed on a separate form.)

A} Child 1 \_\_\_\_\_

Check:  Potty – trained = Weekly Tuition Rate \$250.00

Not potty trained = Weekly Tuition Rate \$265.00

B} Child 2 \_\_\_\_\_

Check:  Potty – trained = Weekly Tuition Rate \$250.00

Not potty trained = Weekly Tuition Rate \$265.00

I (we) agree to pay Right At Home Preschool a total weekly charge of \$\_\_\_\_\_ per tuition payment. (Add lines A & B for weekly total.)

I (we) paid the **Enrollment Fee** amount of \$\_\_\_\_\_ to be credited towards the balance of the last week of attendance. (Fee is equivalent to 1 week of tuition.) Date of Enrollment Fee paid: \_\_\_\_\_  
(No more than 10 hours may be scheduled for each day.)

I (we) agree to pay the total tuition payment due on the scheduled **Friday** by or before closing time. This payment is then credited towards the following week of attendance. Credit will only be given for incidents agreed upon between Rashawn and me.

If the preschool is **closed on a Friday**, I agree to pay the weekly fee online before 6 pm or in person on that week's last open day of business.

Tuition payments WILL NOT be accepted on bi-weekly, semi-monthly, or monthly cycles.

I (we) agree to make my tuition payments **weekly**.

I (we) understand the probationary process of the first two (2) weeks of attendance as the **Adjustment Period**. I have signed the Adjustment Period contract, which is an extension to this contract. Once the adjustment period ends, this contract will continue to be in effect.

I (we) understand that a yearly **Cost of Living Increase of at least \$5** per child will be added to my weekly rate starting the Friday that follows my contract anniversary date each year. (The Anniversary date will be the child/ren's first day of attendance. Same as the Admission Date.)

I (we) understand that a new contract will be signed anytime there is a change in the tuition rate or fees.

**Tuition payments are only permitted through electronic funds transfer authorization of credit/debit card.** Credit/ Debit card payments will be made online through Procure's Tuition Express payment processing system. I (we) hereby authorize Right At Home Preschool Services LLC to initiate credit, bank card, or checking account debit entries to my (our) account weekly.

I (we) understand it is my (our)responsibility to update my Procure account with banking information and contact information whenever a change is needed.

**Without payment, childcare may be suspended until the total due is paid in full.**

I (we) understand that if the scheduled tuition payments are not met by the following Friday, I have



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voided this contract, and my child/ren **will be denied attendance to preschool.**

I (we) agree to provide the last four digits of my social security number and a copy of my current state pictured ID which will only be used if my contract is voided due to delinquent payment to be given to the collection agency employed to rectify the debt owed to Right at Home Preschool.

I (we) agree to pay the full charge even if my child is absent anytime during the week unless Rashawn Carter- Kamau approves a notice for vacation credit.

I (we) agree to pay any additional fees accrued within the time my child/ren has attended; I will be expected to pay those fees by the following payment due date.

I (we) agree to notify Rashawn Carter – Kamau at least 30 minutes before my child/ren's contracted scheduled drop-off time when my child will be absent due to inclement weather to receive the Snow Day Credit.

**There are no refunds for services rendered.**

I (we) understand that tuition payments are the same every week unless affected by a Vacation Time Credit or Bereavement Day Credit.

If my (our) do not have my payment in by Friday at closing, I agree to pay a **Late Payment Fee of \$10 per day after the payment is late** until paid in full. The first late fee will be applied after pick-up time.

If I (we) need to pick my child/ren up later than my contracted pickup time, I agree to give Rashawn a 2-hour notice before my scheduled pickup time.

I (we) agree to pay an **Over Time Fee of \$5 per 15 - minute -** increment for any time my child/ren is to be picked up after closing. (Grace period allowed until 6:05 pm)

When my (our) child/ren is ill, I (we) understand that s/he may not be accepted for care or remains in care until well and accompanied by a physician's slip.

I (we) agree to give a 5 - day's written notice before using vacation days.

I (we) expect to pay the full weekly tuition on **Provider's Vacation Days and Provider's Sick Days, Closed due to holidays, inclement weather, and Provider's Bereavement Days.** (Refer to the Terms of Agreement for the set number of days allowed each year.)

**If my (our) child/ren is absent for one week (5 consecutive business days) without written notice, they will be taken off the Enrollment Roster.**

I (we) agree to give a **two-week (10 business days) written notice of withdrawal** of my child/ren's last day of preschool by completing an Exit Form.

I (we) understand that I (we) will forfeit my Enrollment Fee without the proper written notice. The Enrollment Fee cannot be used to cover any delinquent payments. Vacation Credits may not cover any past due amounts or the last days of service.

Rashawn Carter – Kamau and I (we) have agreed on a plan for continuing communication regarding my child/ren's health, development, behavior, and individual needs.

I (we) understand that it is my responsibility to keep up with updated information Rashawn gave about my (our) child/ren and the preschool.



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I (we) understand that it is my responsibility to notify Rashawn Carter – Kamau and the preschool staff of any changes in my child’s health, any contact information of either myself, those who reside with my child/ren, or anyone I have listed as contacts, anything that may affect my child’s behavior or temperament, any health or mental issue my child may have, or anything that may affect the signed contracted agreement made between myself and Right At Home Preschool.

I (we) understand that before my child/ren’s first day of attendance, I will provide proof of completed age-appropriate immunizations or a state-approved form of exemption from immunizations.

I (we) have been notified that I may request notice at initial enrollment or any time after that whether there are children currently enrolled in or attending the facility for which an immunization exemption has been filed.

I (we) understand that my responsibility is to ensure that within my child’s first two weeks of attendance, a medical examination is required to prove that my child is healthy to participate in preschool. Without an exam, childcare will be suspended with possible termination if a medical exam is not completed by or before the second week of preschool.

I (we) have been informed that a copy of the licensing rules for childcare homes in Missouri is available at this facility for review.

I (we) have specifically reviewed the **Terms of the Agreement** and, at this moment, agree to comply with all the conditions thereof. I understand that these guidelines may change periodically with a 30-day written notice from Rashawn – Carter - Kamau.

I (we) understand that the terms stated in this contract are legally enforceable between all signed parties for the life of this contract until it is voided, childcare services are terminated, and any policies and fees are changed with a 30-day written notice. New agreements will be signed when needed.

To properly cancel this agreement, I (we) must give ten (10) days' written notice.

\_\_\_\_\_  
Parent/Guardian (Print) Parent/ Guardian Signature Last 4 digits of SS#

\_\_\_\_\_  
Second Parent/Guardian (Print) Second Parent/Guardian Signature Last 4 digits of SS#

\_\_\_\_\_  
Phone Number (Best contact number) Date

\_\_\_\_\_  
Address (Street, City, State, and zip)

\_\_\_\_\_  
Rashawn Carter - Kamau Signature Date (By Rashawn)

Check if someone other than contracted parents/guardian shares joint custody of enrolled children.