Young Wonders Early Childhood Center

**Tuition Contract**

This agreement is being entered into between the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein after called “Child”) and the Young Wonders Early Childhood Center in association with the YWCA of Binghamton/Broome County.

**Term:** Young Wonders agrees to provide child care services to the child for the parent/guardian beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ classroom.

**Schedule:** The following schedule for arrival and pick up of the child has been agreed upon:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Arrive** | **Depart** | **Arrive** | **Depart** | **Arrive** | **Depart** | **Arrive** | **Depart** | **Arrive** | **Depart** |

The parent/guardian understands that the center will be closed on the following days each year: Martin Luther King Jr. Day, Presidents’ Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, the second week of August and the period of December 24th-January 2nd. In addition, the center will be closed for two in-service staff training days. Families will be notified two weeks prior to these closing dates and regular tuition rates apply. As for the summer weeklong closure, and the closure for Christmas and New Year’s Day, a 50% tuition reduction will be applied automatically, as long as the account is current and without late fees.

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**Agreement to Pay:** □ Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(refunded at termination, see terms)

 **(Program Rates)**  Part Day Full Day Weekly

Infants(6wk-17mos) N/A N/A $220

Toddlers(18mo-2 ½ yrs) $30 $45 $206

Preschool(2 ½ -3yrs) $30 $45 $200

Pre-K(3&4yrs) $29 $44 $195

School Age------ $26 $39 $180

The parent/guardian’s method of payment is: □ self paid and/ or □ subsidized. Payments for families approved through a subsidy program will be determined based upon that program’s criteria. The parent/guardian agrees to pay the center the sum of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week. Payments will be made on a □ weekly □ bi-weekly □ monthly basis. There is a 10% discount to self-pay families who have more than one child enrolled.

# **Enrollment Type**

**Weekly:** any child who attends the center four to five days a week in excess of five hours per day.

**Full Day**: any child who attends the center two to three days per week outside of the part day requirements.

**Part Day:** any child who attends the center between the hours of 6:45 – 12:00 or 12:30 – 5:45. All other overlapping time frames will be charged at a full day rate. Part-time enrollments must be the same consistent days each week. There is a minimum of two days required for enrollment. We will make every attempt to enroll a child opposite a part-time enrollment, however, if we are unable to fill that slot and a full time enrollment family would like to enter the program, you will be given two weeks notice to determine whether you would like to pay the remaining fee to hold the child’s enrollment at the full time rate. This will only occur if the classroom enrollment is completely full and we have exhausted our efforts to try to fill available part-time slots. Young Wonders is unable to accommodate enrollment for children attending Head Start because of bussing and scheduling conflicts.

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**Tuition payments are due in advance every Monday of the week that the child is in our care.** If payment is not received by **Wednesday** of the current week of care the tuition will be subject to a **$20.00** late fee. If payment becomes more than one week overdue, the child will not be allowed to attend further days until payment is made in full. Enrollment will be terminated if payment is not brought up to date after **two weeks**. Payments can be made weekly, bi-weekly, or monthly as long as they are in advance for care to be given. A $20.00 fee will be charged on all returned checks.

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Tuition payments are due according to the above contract, including holidays, in-service, and sickness, regardless of attendance unless otherwise authorized by the director. A 50% reduction in tuition will be offered for a maximum of two weeks vacation per year (prorated for PT) or medical leaves of more than 2 days **upon written request**. Discounts will only be available for families whose account balances are up to date and current. There will be no refund of tuition for any reason. The following tuition guidelines also apply to those families in these programs:

**DSS:** Those families receiving assistance from social services are allowed 12 absences every 3 month period for **illness** only (for example: Jan, Feb, Mar are the first 3 months). The parent/guardian must inform the center of any absences and becomes responsible for tuition fees charged that DSS denies for any reason. Also the parent/guardian understands that weekly fees determined by DSS are due regardless of attendance. A doctor’s note must be provided for any absence of more than two days due to illness. Other additional charges that are not covered by social services include late pick up fees, late payment fees, and returned check fees. These fees are all the responsibility of the parent/guardian. Schedule and attendance must be maintained consistently as outlined above to avoid termination from the program.

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**Termination:**  The agreement may be terminated by the parent/guardian at any time by giving the center two weeks prior written notice of the child’s withdrawal for the program. If the parent/guardian does not give two weeks’ notice before withdrawing the children from the program, or if the child is withdrawn from the program prior to the end of the two week notice period, they shall remain liable to pay the tuition fees through the end of the two week period and the deposit will not be refunded. Deposit refunds will only be applied if the account is up to date and current at the time of notice.

 This agreement may be terminated by the center at any given time by giving the parent/guardian written notice. The agreement may be terminated by the center immediately, without notice, for any one or more of the following reasons: a) the parent/guardian fails to pay, when due, any fee or charge or amount of money due to the center per this agreement. b) the parent/guardian breaches any one or more of terms and provisions per this agreement or policies set forth in the Family Handbook. c) if, in the sole judgment and discretion of the center, the program is unable to meet the specific needs of the child without disrupting the overall daily routine of the program. d) if, in the sole judgment and discretion of the center, the child’s conduct jeopardizes the safety or health of themselves, any staff member, or another child, or unreasonably disrupts program activities. e) if the parent/guardian fails to notify the center of an extended absence of three days or more. f) if a parent/guardian picks up a child past the center’s 5:30 closing time more than three times within a six month period. g) if a parent/guardian does not treat the staff or personnel with respect, threatens staff, or uses obscene or demeaning language.

**Miscellaneous:** If the center refers the account to a collection agency or attorney for collection, the parent/guardian agrees to pay the costs and expenses associated with using these services. The center does not discriminate against any person because of race, color, religion, sex, national origin, or special needs. The center is not responsible for personal articles brought into the center which are lost, stolen, or damaged. The parent/guardian understands the staff and director retain mandated reporter status while employed and are obligated by law to report suspected child abuse and maltreatment of children or families enrolled at the center. The parent/guardian acknowledges that the center is regulated by the New York State Office of Children and Family Services and agrees to abide by all applicable regulations.

Parent/Guardian Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please have my weekly statements sent by email to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Financial Officer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Becky Krise, bkrise@ywcaofbinghamton.org, 772-0340 x 222

 *Revised 7/24/20*