



Financial Contract 2022-2023

Parent/Guardian Full Name (print clearly): _____

Child's Name (Last, First)	WEEKLY SCHEDULE: Please list your drop off and pick up time for each day				
	M	T	W	Th	F
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM

Policy Statement:

_____ I understand that the one-time registration fee, equal to my child(ren)'s 1st month's tuition, is due upon initial registration.

_____ I understand that an annual, non-refundable, supply fee of \$100.00 per child is due at my child's annual registration.

_____ I understand that all classes start at 9:00am and I must notify the School office prior to 9:00 am if my child(ren) will be arriving late.

Bright Beginnings reserves the right to refuse any child arriving after 9:00am without prior authorization

_____ I have reviewed and understand the monthly tuition fee schedule and payment policies, and I agree to pay the monthly charge for the days and hours I have listed above, whether or not my child attends.

_____ I understand that tuition will be charged on the 1st of every month and that payments are due no later than the 5th of every month.

_____ A \$15 late fee will be charged to my account for late payments.

_____ 3 late payments require an account to be on an EFT payment plan.

_____ Any applicable NSF bank fees will be charged to my account for all returned payments

_____ 3 NSF events require the account to be cash/money order payments only.

_____ Failure to keep account current will result in a 2 week Cancellation of Service notice.

_____ I understand there will be an additional, hourly charge for any pre-approved, extra days/hours, outside of my regularly contracted hours.

_____ I understand that a TWO WEEK advance notice is required for all change of contracted schedule requests, and that schedule changes will be granted only when BBLC is able to accommodate them.

_____ I have received a Family Handbook with a copy of BBLC's current licensing certificate (back cover).

***If billing is divided for legal or financial purposes a separate contract is required for each parent/guardian.**

Office Use Only:			Scheduled Fees (# Days / Tuition Fees)					
Start Date:	Child's Name	Assigned Class	Early Drop (7:00-8:30)	Class (8:30-12:00)	Extended Day (8:30-3:00)	Full Day (8:30-5:00)	Late Stay (5:00-6:00)	Monthly Rate
			/ \$	/ \$	/ \$	/ \$	/ \$	\$
			/ \$	/ \$	/ \$	/ \$	/ \$	\$
			/ \$	/ \$	/ \$	/ \$	/ \$	\$
Monthly Tuition								\$

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian SSN _____ (held in confidence and used for billing collections if applicable)