



Enrollment Contract 2024-2025

September 1, 2024 – August 30, 2025

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	Thrs	F
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM

Policy Statement: please initial

- _____ 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.
- _____ I understand that **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)