

Tuition Schedule – New Market West

Effective September 12, 2022	Infant Room	Young Toddler	Older Toddler	Preschool (3 – 5 years)
Weekly (4-5 Days)	\$352	\$324	\$311	\$281
Weekly (3 Days)	\$281	\$259	\$249	\$225
				PreK Counts
Before PreK Care/OST (4-5 Days) Weekly				\$93
After PreK Care/OST (4-5 Days) Weekly				\$98
Before & After PreK Care (4-5 Days) Weekly				\$176

Priority is given to enrollment for full time care.
Monthly payments are due prior to the 1st of the month.
Weekly payments are due prior to the Monday of each week.
Wonderspring reserves the right to terminate services if payment is not received in advance of service.

Sibling Discount
10% discount by type of service for older siblings who are enrolled full time

Fees are subject to rate increase, regardless of advance payment.
30 days advance notice will be given.

Additional Information

Application fee	Non-refundable charge of \$25 per child at time of application
Enrollment fee	Non-refundable charge of \$50 per family at time of enrollment
Service beyond 10 hours a day	Per day \$20.00 for each hour or part thereof
Late pick-up after closing time	\$25.00 per child for first quarter hour or any part; \$15.00 per child for each additional quarter hour or part. Excessive late pick-up will result in termination of service.
Late payment fee	\$25.00
Return payment fee	\$35.00 (After 3 return payments, a money order is required.)
Refund policy	Tuition refunds will be provided when a parent/guardian signed End of Service form is submitted to Center Director at least 30 days prior to the last day of service.

We accept families through Child Care Works through Early Learning Resource Centers (ELRCs). ELRC provides additional guidelines.

Please Initial

Parent/Guardian 1		Parent/Guardian 2		Provider	
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Child's Name:	Age:	Birth Date:
Child's Parent(s)/Guardian(s):		
Date Received:	Start Date:	Withdraw Date:

An initial deposit, equal to two weeks' tuition, must be paid in full at time of enrollment. Families with funded programs are required to follow that program's guidelines. This deposit will be held as a security deposit throughout the course of service.
 A withdrawal notice of 30 days must be given for the security deposit to be returned.

Payment is due in advance of service. The fee will be charged without regard to the child's attendance or whether the center is open or closed. Payments can be made online at <https://schools.mybrightwheel.com/payments>.

Payments must be set up using the Brightwheel app or website.
 A convenience fee of 2.9% will be charged to any debit/credit card payments.
 Payments made through your bank account are fee-free. Ask the center Director for more information.

Delinquent Fees

Failure to adhere to tuition policies and schedule may result in termination of service.

Fee Increase

Wonderspring reserves the right to increase fees at any time. 30-day advanced notice will be given.

Services to be provided as part of the child care tuition

Snack, daily activities, child's developmental assessments.

I am enrolled as an ELRC family. _____

I agree to the terms in this tuition agreement and pay the required fee of \$_____ () weekly, () monthly for _____ days* of service per week to
 Wonderspring.

I agree to pay a security deposit of \$_____ which shall be applied to any outstanding balance, if applicable.

* List days requested if less than full week: _____

Child's Arrival Time: _____ Child's Departure Time: _____

Persons to whom child may be released:

1. _____ 2. _____ 3. _____

I, the parent/guardian,

Received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)

Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.
 (3270.124, 3280.124, 3290.124)

Received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)

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SIGNATURES:

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

Provider: _____ Date: _____

PERIODIC REVIEW:

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

Provider: _____ Date: _____