



WONDERSPRING

EARLY EDUCATION

Learning All Ways

Tuition Schedule- Wynnewood

Effective August 31, 2020	Preschool (3-5years)	PA Pre-K Counts	Kindergarten Enrichment	School Age (5 – 12 years)
Monthly (4-5 Days)	\$1250		\$575	
Weekly (4-5 Days)	\$290			
Monthly (3 Days)	\$1000			
Weekly (3 Days)	\$232			
Before Care ONLY		\$80 weekly	\$139 monthly	\$309 monthly
After Care ONLY		\$105 weekly	\$221 monthly	\$464 monthly
Before & After Care		\$156 weekly	\$345 monthly	\$608 monthly

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.
 Service may be terminated 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-day advanced 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 check charge	\$50.00 (After 3 NSF checks, a different form of payment will be 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 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 child's attendance or whether the center is open or closed. Payments can be made online at <https://www.ezcaresoftware.com/parent-portal/> or by check or money order made payable to Wonderspring and **given to the Center Director or mailed to:**

Wonderspring
230 Haverford Road, Wynnewood PA 19096

VISA/Mastercard are accepted. A 3% convenience fee will be charged to any debit/credit card payments. Fee-free EFT payments may be arranged through the Parent Portal on EZ Care. Ask 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)

SIGNATURES:

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

Provider: _____ Date: _____

PERIODIC REVIEW:

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

Provider: _____ Date: _____