

### Tuition Schedule Wonderspring Havertown Toddler Program

Effective June 17, 2024	AM (9-11:30am)	Full-day (9-3pm)
3 days	\$520 monthly	\$832 monthly
5 days	\$650 monthly	\$1040 monthly
Extended drop-in care until 3pm (24 hours' notice is required)	\$35	
Before & After Care		
Before care (7-9am) 3 days	\$160 monthly	
Before care (7-9am) 5 days	\$200 monthly	
After Care (3-6pm) 3 days	\$280 monthly	
After Care (3-6pm) 5 days	\$350 monthly	
Before & After Care 3 days	\$420 monthly <i>*discounted rate</i>	
Before & After Care 5 days	\$525 monthly <i>*discounted rate</i>	

**Priority is given to enrollment for full-day care regardless of current enrollment status.**

Monthly Payments are due prior to the first of the month.

Wonderspring reserves the right to terminate services if payment is not received in advance of service.

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

#### Other Information:

<b>Application Fee</b>	Non-refundable annual charge of \$25 per child at time of application
<b>Enrollment fee</b>	Non-refundable <b>one-time</b> charge of \$50 per family at time of enrollment
<b>Late pick-up after closing time</b>	\$25 per child for first quarter hour or any part thereof; \$15.00 per child for each additional quarter hour or part thereof. Excessive late pick-up will result in termination of service.
<b>Late Payment fee</b>	\$25 (For monthly payers: applied on the 10 <sup>th</sup> of the month.)
<b>Failed Payment fee</b>	\$25 (After 3 return payments, a money order is required.)
<b>Refund Policy</b>	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.
<b>Due Dates for Added Fees</b>	When fees are applied to accounts, the invoice will have a due date of 1 week after the posted date

<b>Child's Name</b>	<b>Age</b>	<b>Birthdate</b>
<b>Child's Parent(s)/Guardian(s)</b>		
<b>Please Initial</b>		
<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>	<b>Provider</b>

An initial deposit, equal to two weeks' tuition, must be paid in full at time of enrollment. A withdrawal notice of 30 days must be given for the security deposit to be returned.

Payments must be set up using the Brightwheel app or website.  
A convenience fee of 2.95% 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.

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>

**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 agree to the terms in this in this tuition agreement and pay the required fee of \$\_\_\_\_\_ ( ) annually , ( ) 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**

**PERIODIC REVIEW**

Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_ Provider \_\_\_\_\_ Date \_\_\_\_\_