

Wonderspring Narberth Tuition Agreement

Effective September 2, 2024	Infant	Young Toddler	Older Toddler	Preschool
Monthly (4-5 Days)	\$2121	\$1931	\$1745	\$1600
Weekly (4-5 Days)	\$490	\$445	\$404	\$370

Payment Information & Discounts

Priority is given to enrollment for full-time care regardless of current enrollment status.
 Monthly payments are due prior to the first 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.
 Tuition charges apply to all days your child is enrolled regardless of child's attendance, or any center closures.

Sibling Discount

10% discount on regular tuition for older siblings who are enrolled full-time.

Security Deposit

An initial deposit, equal to two weeks' tuition, must be paid prior to child's start date. This deposit will be held as a security deposit throughout the course of service and applied towards the last two weeks of tuition.

Failure to provide a withdrawal notice of 30 days will result in forfeiture of the security deposit.

Families with funded programs are required to follow that program's guidelines.

Fees are subject to rate increase, regardless of advance payment.

30 days advance notice will be given.

Other 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 / program end time	\$25.00 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.
Late Payment fee	\$35.00 (For monthly payers: applied on the 10 th of the month. For weekly payers applied on Friday of service week.)
Failed Payment fee	\$25.00 (After 3 failed payments, a money order is required.)
Change in Contracted Schedule Fee	\$25 per change. A two-week notice is required when changing the original schedule, subject to availability.
Due Dates for Fees	When fees are applied to accounts, the invoice will have a due date of 1 week after the posted date.

Payments must be set up using the Brightwheel app or website at <https://schools.mybrightwheel.com/payments>.

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.

We accept families through Child Care Works through Early Learning Resource Centers (ELRCs).

Please Initial

Parent/Guardian 1

Parent/Guardian 2

Provider

Wonderspring Narberth Tuition Schedule

Child's Name	Age	Birthdate
Child's Parent(s)/Guardian(s)		
Date Received	Start Date	Withdrawal Date

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 childcare tuition.

Snack, daily activities, child's developmental assessments.

I am enrolled as an ELRC family_____

I agree to the terms in this 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.

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 _____