



**Enrollment Contract
2022 - 2023 School Year**

Child Name: _____

Date of Birth: _____ **Start Date:** _____ **Class:** _____

Tuition: I have enrolled my child in the following program: from _____ am/pm to _____ am/pm on days (circle): M T W TH F. The current tuition rate for the program I have chosen is \$ _____ per week for the 2022-2023 school year.

Registration Fee: I understand that a yearly, non-refundable Registration Fee shall be paid in advance to enroll my child. Re-registration is every year in February.

Materials Fee:

I understand that a yearly non-refundable materials fee is due when the school year starts in August. This fee will help to cover the cost of materials my child will need for the school year.

Medical Records:

Prior to enrollment, all children must have current immunization and physical records on Florida Department of Health 3040 and 680 forms.

Payments:

I understand that tuition is to be fully **prepaid for every week enrolled**. Payments are due no later than Friday at 5:30 p.m. for the upcoming week. A late fee of \$20 will be applied on Tuesday. If tuition and late fees are not paid by Wednesday after the tuition due date, my child will not be able to return to school until tuition and late fees are paid in full. Full tuition is due regardless of illness or school closings.

Returned Checks:

A \$30.00 fee will be charged for a check returned. Returned checks and the fee must be paid IN CASH or Money Order.

Late Pick-up Fees: Late fees are assessed at 5:30 p.m. The late fee is \$1.00 per minute and payment is due at time of late pick up. The time will be based on the computer check-in system.

Weather Emergencies:

The Bluffs School follows the Palm Beach County Public School policies for weather emergencies and closings. If the Public Schools are closed, Bluffs School will be closed.

Holidays:

I will be given the Bluffs School Holiday Schedule prior to my child's start date. I agree that I will not receive a refund, credit or any other allowance for holidays.

Vacations and Absences

Full tuition is due regardless of illness, vacations or unexpected school closures. If I plan a vacation or extended absence, I understand that tuition must be paid in advance of my planned absence.

Daily Sign-In and Sign-Out

I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself in or out. I understand that I am required to come into the school to drop off and pick up my child and that I must escort my child to and from the designated classroom each day.

Release of your Child:

I understand that my child will only be released to parent, a legal guardian or to those persons whose names I have listed on my child’s enrollment form. I understand that the Bluffs School may require, at any time and without notice, satisfactory proof of identification and a valid driver’s license from any person, including me, who proposes to pick up and transport my child. I understand that is for the safety and security of my child.

Emergency Contacts:

I understand that I am required to provide and maintain at all times a minimum of two additional emergency contacts other than me, including full names, home, work and cell phone numbers, addresses, and the relationship to my child.

Center Safety:

I understand that Bluffs School has an open door policy for parents and legal guardians and that I have unlimited access to the school while my child is in attendance.

Illness and Readmission:

I understand that I will be notified should my child become ill during the day, and that I will pick up my child within 30 minutes of such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school. I understand that my child will be readmitted with a physicians’ note authorizing my child’s return to school.

Medication:

If medication must be administered during the day, Bluffs School may choose to do so according to Bluffs School policy.

Withdrawal from the Program:

I understand that I must provide a one month written notice for withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for the month, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for readmission based upon space availability and all other enrollment criteria.

The parent agrees that the Child and Parent will adhere to the rules, policies and requirements of the School, those added by the school from time to time, and including, but not limited to, the rules, policies and requirements as set forth in the Parent Handbook, and that expulsion or suspension of the child for failure to observe the same will not relieve the Parent from the obligations of this contract.

Parent/Legal Guardian’s Signature: _____ **Date:** _____

Director’s Signature: _____ **Date:** _____