

## Tuition Agreement

### Step-by-Step Children's Learning Center, Inc.

47 Loveton Circle, Suite A

Sparks, MD 21152

410-771-4151

#### Tuition Rates

(as of November 2013)

PROGRAM	FULL TIME	M-W-F	T-TR
Infant	\$350	\$255	\$175
Two	\$285	\$205	\$150
Three/ Four/Five	\$260	\$186	\$134
Before & After Care	\$100	\$60	
Before Care	\$40	\$30	
After Care	\$60	\$45	

A registration fee of \$75 and a two-week security deposit is due at the time of your child's enrollment.

The center is open from 7:00 a.m. to 6:00 p.m. Monday through Friday. The tuition is due every two weeks, payable on Monday for the following two weeks. The late period will begin at the close of business: 6:00 p.m. on Tuesday after the Monday payment is due. An 8% late payment fee will be applied to your account for the unpaid balance. Step-by-Step Children's Learning Center, Inc. reserves the right to withdraw your child if payment is not made at the end of business on the tenth (10<sup>th</sup>) late day. Your child's tuition rate will change when he/she enters the next age bracket. Step-by-Step Children's Learning Center, Inc. reserves the right to increase tuition and other charges upon one month's prior written notice.

**Absences:** The tuition must be paid in full without a deduction for any absence for any duration or any cause. There will not be substitution of other days of attendance as "make up" days. This is due to staffing and safety precautions.

**Withdrawal:**

The security deposit will be refunded with a thirty day written notice.

The parent or guardian must submit at least 30 (thirty) days' written notice with the withdrawal date. Should the parent or guardian not submit the required 30 day written notice of withdrawal, the parent or guardian shall also be responsible for payment of full tuition for the 30 day period.

Step-by-Step Children's Learning Center, Inc. reserves the right to demand removal of your child for any reason with five (5) days written notice. If your child bites another child three times, this will be grounds for immediate removal of your child by Step-by-Step Children's Learning Center, Inc.

I have read and understand the above information on the tuition rates and procedures of absences and withdrawal for Step-by-Step Children's Learning Center. I have also read and understand the Parent Handbook and will abide by the policies set forth in this document. I hereby agree to comply with all of the provisions thereof.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Director signature

\_\_\_\_\_  
date

Step-by-Step Children's Learning Center, Inc.  
47 Loveton Circle, Suite A  
Sparks, MD 21152  
410-771-4151

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's D.O.B.: \_\_\_\_\_ Age \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Program Enrolled : Full time      M-W-F      T-R

Hours of attendance: \_\_\_\_\_ to \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work : \_\_\_\_\_

Work phone: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work: \_\_\_\_\_

Work phone: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail address: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any known allergies:

---

---

---

Any medical conditions:

---

---

---

Previous child care experience: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

For office use only:

Deposit \_\_\_\_\_

Registration fee \_\_\_\_\_

Key Faub \_\_\_\_\_