

GROWING SEEDS ACADEMY

PROGRAM REGISTRATION AND TUITION AGREEMENT

Name of child: _____

Date of Registration: _____ Date of Birth: _____

Name of Person (s) Responsible for Tuition: _____

Program: _____ Infant: _____ Toddler: _____ TWO'S: _____ PRE-K: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DAYS					

Monthly Tuition: \$ _____ (Payment due 25th of the month prior to the month of care)

Sibling discount: \$ _____ (If applicable)

Security deposit: \$ _____ (To be applied to first month of tuition)

Anticipated schedule: _____

Deposit due by: \$ _____ Start Date: _____

I understand the following:

- No refunds for illness, vacation days, scheduled center closings, emergency- closings or weather related problems. Children may not switch scheduled days due to these absences.
- Registration fee & security deposit are NOT refundable under any circumstances. There are no cash refunds.
- Rates are subject to change with a 30days notice.
- Tuition increase of 2% on September month.
- My child cannot attend GROWING SEEDS ACADEMY unless tuition has been paid in advance.
- A fee of \$25.00 will apply to any returned check.
- I am responsible for the above tuition until notice of withdrawal is given, 30 business days in advance.
- A late fee will be added to family's account for any child not picked up before the center's regular closing time.
- Mandatory forms are required prior to first day.

Director

Parent

117 Old State Rd, Brookfield CT 06804