**ADMISSION AGREEMENT**

I have received a copy of the parent handbook and agree to comply with the policies set forth by Blessed Sacrament Children’s Learning Center.

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attend \_\_\_\_ days per week, from \_\_\_\_\_\_ a.m. to \_\_\_\_\_\_ p.m. Extra hours and days may be arranged with the director’s consent and will be charged at $15 an hour or $60 for a ½ day, $65 for a ¾ day, and $70 for a full day.

Tuition will be due in full on the 1st of every month, unless otherwise arranged with the director. I will be paying tuition on the \_\_\_\_\_\_\_\_\_\_\_\_ in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Tuition payments will be made payable to Blessed Sacrament Children’s Learning Center. Payments may be made by Brightwheel, check or cash. There will be a $25 fee for any returned check. Tuition payments may be requested to be in form of a cashier’s check if there are more than two incidents of returned checks.

Tuition that is delinquent more than two months, will result in the possible termination of services. After two months of non-payment, a notice will be sent requesting payment within 3 weeks. If payment is still not made, a final notice will be sent by certified mail. If within 10 days of receipt of letter, payment is still not made, a third party will be called to rectify the situation and collect any unpaid fees.

There are no discounts for student absences. However, each family will be entitled to 1-week vacation during the year. The week must be taken in 1 increment. Tuition payments are based on a yearly amount divided into even monthly payments. Therefore, in months that have holidays or other days when the school will be closed., tuition will remain the same. Look at the handbook and at the school calendar for specific dates.

I have read the above information and agree to abide by the policies of Blessed Sacrament Children’s Learning Center.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Representative: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_