



29 Newbury Road, Howell, NJ
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ENROLLMENT CONTRACT

Child's name: _____

Start Date: _____

Tuition Schedule and Billing Policies

I am responsible for the following fees and I agree to abide by the billing policies as outlined in the Policies and Procedures Handbook.

Monthly tuition: _____

Security deposit: 0

Early drop off or late pick up (if not pre-arranged): \$20 per 15 minutes

Registration fee: _____

Late payment fee: monthly payments are due by the 5th of the month. Late payments will incur a daily fee equaling 2% monthly rate.

Bounced check fee: \$25 for each bounced check.

There are **NO DEDUCTIONS, REBATES OR MAKE-UP DAYS** due to illness, absences, inclement weather or school closings. However, you are entitled to **TWO** free weeks of vacation each year. If the child was absent for more than 5 consecutive business days and there is a doctor's notice preventing him/her from attending daycare, we will credit you 50% of that time 2 times per school year, not more. Discount will be applied towards your next payment.

If Child Custody Agreement is in place:

- Parents must provide the center with a copy of the agreement and update it when necessary.
- If any changes of visitation schedule occur that would affect pick-ups, school should be notified immediately.
- One parent must be responsible for payments (guarantor).

Mother's Signature: _____ **Date:** _____

Print Name: _____

Father's Signature: _____ **Date:** _____

Print Name: _____