

## Little Farmers Academy TUITION AGREEMENT

Child's Name:	:Tuition Amount:
Tuition is stru Tuition Rates	ctured to provide consistent, quality care while making payments simple for families.
•	Tuition is a flat monthly rate based on the average number of attendance days. Full-time and part-time options are available. Tuition will be prorated for mid-month enrollments.
•	Sporadic absences (e.g., sick days, occasional vacations) will not result in adjustments. Holidays and emergency closure days are already included in the monthly rate.
Payment Sche	edule
•	Initial Payment: Due before your child's first day.  Monthly Tuition: Due on the 1st of each month.  Payment Options:
	<ul> <li>Brightwheel (bank account or credit/debit card; processing fees may apply)</li> <li>Payment at the center via credit/debit card</li> </ul>
Late Payment	
•	Reminder Notice: Sent by the 5th of the month if payment is missed.  Late Fee: A \$25 fee applies if tuition is not received by the 10th.
•	Non-Payment:
	<ul> <li>Your child's spot will be held for 10 business days if tuition is unpaid.</li> </ul>
	<ul> <li>Your child may return within this period once the full balance is paid.</li> <li>After 10 business days, enrollment will end, and the spot may be offered to a family on the waitlist.</li> </ul>
	<ul> <li>Re-enrollment is possible if space is available, the full account balance is paid, and the next month's tuition is paid in advance. Automatic bank withdrawal for future payments will then be required.</li> </ul>
Additional Fe	es
	Returned Payment Fee: Up to \$25 for checks returned due to insufficient funds. Early Withdrawal: Tuition is non-refundable for unused days if a child is withdrawn mid-month.
Vacation & M	
•	Tuition adjustments may be requested for absences of two weeks or longer (e.g., extended vacation, medical leave, or family emergencies).
• m	Notice Requirement: Please provide at least two weeks' written notice for planned absences.  Exceptions to the notice requirement may be granted for emergencies such as unexpected nedical treatment, job loss, or a death in the family.
•	All adjustments are at the discretion of the center director.
	read and understand the terms of the tuition policy and agree to pay the monthly tuition as noted on invoice and according to the schedule.

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

Date: \_\_\_\_\_