



ST. LUKE ACADEMY

ENROLLMENT AGREEMENT

2019-2020

Welcome to St. Luke Academy. We are very excited to have your child join our family of teachers, assistants, staff, children and parents. At St. Luke Academy our goal is to provide a high-quality education in a safe and caring Christian environment. Our focus is to provide a comprehensive curriculum enriched by core Christian principles which will promote academic success and foster spiritual growth.

St. Luke Academy is accepting students from age 18 months to age 5 years. We offer a wide range of programs for toddlers, preschoolers and kindergarteners. The following schedule is for the school year beginning in August and concluding in June.

Please circle the desired program below:

	Toddler (18 months – 2 years)	Potty Training (2 years +)	3 – 4 Years	Junior Kindergarten	Kindergarten
2-Day Program (Tuesday & Thursday)					
Half Day (8:30AM-12:00PM)	\$330/month	\$370/month	\$330/month	N/A	N/A
Full Day (8:30AM-3:00PM)	\$460/month	\$525/month	\$460/month	N/A	N/A
3-Day Program (Monday, Wednesday & Friday)					
Half Day (8:30AM-12:00PM)	\$400/month	\$460/month	\$400/month	\$450/month	N/A
Full Day (8:30AM-3:00PM)	\$560/month	\$655/month	\$560/month	\$610/month	N/A
5-Day Program (Monday thru Friday)					
Half Day (8:30AM-12:00PM)	\$500/month	\$600/month	\$500/month	\$550/month	\$550/month
Full Day (8:30AM-3:00PM)	\$700/month	\$860/month	\$700/month	\$750/month	\$750/month

Additional Program Offerings*		
	Early Care (6:30AM – 8:30AM)	Extended Care (3:00PM – 6:00PM)
2-Day Program	\$120/month	\$180/month
3-Day Program	\$180/month	\$270/month
5-Day Program	\$300/month	\$450/month
<p>* Occasional use of either Early or Extended Care is \$10 per hour (or any part of an hour).</p> <p>* Daycare may be offered for select holidays/school closures.</p> <p>When offered, Holiday Daycare is \$30 for 8:30am to 12:00pm, plus \$10 per hour from 12:00pm to 5:00pm.</p>		

Discounts: If more than one child is registered in the program, a multiple child discount of 5% is applied to the lesser of the two tuitions. Discounts do not apply to registration or other fees. Pay in full by September 1st of each year and receive a \$200.00 discount. A 5% discount is also given to those who regularly attend the Orthodox church.

Payment Provision: I understand that the fees and/or schedule set forth herein will be in effect until a new agreement or termination of contract form has been signed by me or another of my child's parents/guardians. A 30-day prior written notice will be provided to parents for any rate or fee change. Fees for each child will be paid monthly in advance of services and I understand that care will not be provided until full payment is received. A monthly tuition rate of \$_____ is due on the first day of care for the current month. Tuition payments can be made in the form of an automated payment scheduling, cash, money order or check unless a pattern of returned checks develops. Please make checks payable to St. Luke Academy.

Please read and **INITIAL** each statement below and on the next page, then sign and date the last page.

_____ **REGISTRATION FEE:** I understand that there is a \$150 nonrefundable registration and book fee per child. This fee will be collected at the time of enrollment. Paid Registration Fees will hold a spot for your student. I understand all registration fees are non-refundable and non-transferable; this includes both summer and 2019-2020 School Year.

_____ **TUITION FEES:** I understand the regular school year is from August 26, 2019 through June 11, 2020. Annual tuition is broken down into nine (9) equal monthly payments for the months of September through May, plus two (2) prorated payments for the partial months of August and June.

_____ **LATE PICK-UP FEE:** The normal business hours for St. Luke Academy are from 6:30 AM until 6:00 PM daily. In the event that your child is picked up after these hours, a late pick-up fee of \$25 will be due at time of pickup. I acknowledge the right of St. Luke Academy to contact the appropriate government agency in the event that my child remains at the center an hour or more past the close of business if all attempts to contact persons listed as an emergency contact have been exhausted.

_____ **LATE PAYMENT:** I understand that payments (including tuition, extended care fees, late pick-up fees, service charges, etc.) are due and payable on the FIRST day my child attends and on the FIRST day of the month thereafter. I also understand payments are considered delinquent on the FIFTH day and will be charged a late fee of \$25.00.

_____ **RETURNED CHECKS:** I understand there is a \$40.00 service charge for each check returned for insufficient funds. After 2 returned checks all fees must be paid by cashier's check or money order. Parents/Guardians are liable for all costs incurred by St. Luke Academy to collect any and all delinquent fees. Fees and policies are subject to change.

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the School's attendance procedure. If I neglect to do so, I may be charged a maximum of \$5.00 per occurrence. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ **ILLNESS AND VACATION POLICY:** I understand that if my child shows symptoms of illness during the day (such as acute cold symptoms, temperature of 101° or above, nausea, vomiting, diarrhea, unusual rashes, or irritation of the eye), I will be contacted and arrangements must be made to pick up my child immediately. It is my responsibility, as a parent, to notify the center if my child is not going to be in attendance that day due to illness or vacation. There are no tuition adjustments or refunds for vacations, holidays, school closures, illnesses or absences.

_____ **RIGHTS OF THE LICENSING AGENCY:** I understand that the Department of Licensing Agency shall have the authority to interview children and to inspect and audit child records without prior consent. The License shall make provisions for private interview with any child, and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect, or inappropriate placement.

_____ **WITHDRAWAL:** I understand that I may request withdrawal without prejudice with a two-week written notice. To terminate this agreement a two-week written notice to the director is required prior to my child's last day of care. This contract remains in effect until St. Luke Academy receives two-week notice of my intention to change or cancel my contract. Upon withdrawal from the program I am eligible for a refund of all tuition fees paid in excess, not to include any late, registration, returned check or two-week notice fees. This refund will be issued within 4 weeks of the last day of attendance.

Grounds for dismissal:

- Tuition payment is not received within 10 days after the due date.
- The teacher, assistant, or director feels as though the program no longer appropriately meets the needs of the child.
- The child's behavior escalates or continues to be inappropriate, disruptive, and/or dangerous to him/herself or others.
- The child's behavior requires constant one-on-one attention from the teacher, taking away attention from the rest of the class.
- A situation arises that may jeopardize the safety of the children or the staff. This could involve actions of the child enrolled, or the actions of a family member of the child enrolled.
- At the discretion of the Director.

_____ **TODDLER OPTION STATEMENT:** St. Luke Academy has been issued a Toddler Option component to their preschool license. I understand that my child will remain as part of the Toddler Option classroom until they reach 36 months. Exceptions may be granted on an individual basis.

_____ **ACTIVITIES:** I hereby grant permission for my child to use all playground equipment and participate in all the activities of the school.

_____ **PHYSICAL LIMITATIONS:** To my knowledge my child has no physical limitations or impairments.

_____ **SUNSCREEN:** I understand I must apply sunscreen to my child prior to drop off. St. Luke Academy staff is not responsible for re-application.

_____ **EVENTS CALENDAR:** I understand that the 2019-2020 Events Calendar, including holidays and days the school will be closed, has been made available to me through the school website and I may access it at any time.

_____ **INSUFFICIENT INFORMATION:** I understand that the school will not be responsible for anything that may happen as a result of false or insufficient information given at the time of enrollment

_____ **PARENT HANDBOOK:** I understand that the Parent Handbook has been made available to me through the school website and I may access it at any time. I have read and understand its contents and policies and agree to adhere to them.

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized individuals and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

These policies have been reviewed with me by SAINT LUKE ACADEMY staff. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. The policies in this contract will supersede all other previous documents.



ST. LUKE ACADEMY

Student Contact Information

Child's Name		Date of Birth	____/____/____
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Parent/Guardian Information

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____, California, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Child lives with a) Both Parents _____ b) Mother _____ c) Father _____ d) Guardian _____ e) Other _____

If you chose other, please explain: _____

Payment Information/Signatures

Person(s) Responsible for Payment:

_____	_____
Print Name	Signature

I have read, understood and accept the terms of this agreement.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Director: _____ Date: _____