

Little Feet Academy & Excelsior Elementary Schools

PARENT-SCHOOL CONTRACT 2020/2021

Child's Name _____ Today's Date _____

Annual Tuition _____ Enrollment Deposit _____ Registration Fee _____

Monthly Tuition _____ After Care Fee _____ Total Monthly Payment _____

School Program

Virtual Program, (ONLINE ONLY) 9:00am- 2:45 M-F M-Th

Face to Face Program, 7:00am-2:45pm M-F M-Th

Blended Program, 9:00am-2:45pm M W-F OR T-Th

(BLENDED PROGRAM IS MIXED FACE TO FACE & VIRTUAL)

After School Care Program, 2:45-6pm 5 days (\$20)

Child's Attendance Schedule

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Enrollment

1. _____ I/We have visited Little Feet Academy & Excelsior Elementary Schools, met with the staff and are satisfied that this school meets our needs.
2. _____ I/We have read the Parent Handbook.
3. _____ As detailed in the Parent Handbook under "Policies," I/We understand that parents and students are to abide by the rules and regulations of the school and I/WE agree to do so.
4. _____ I/We agree that enrollment at Little Feet Academy & Excelsior Elementary Schools are also a parent commitment. I/We will do our best to support our child at school and attend school functions and volunteer as our time allows.
5. _____ I/We have reviewed the schools holiday and closure schedule as listed in the Parent Handbook. Little Feet Academy & Excelsior Elementary Schools will follow the Ministry Of Education Emergency school closure in the event of EMERGENCY school closures or Country LOCK DOWN. **Additionally, the entire school is closed the last week of August annually.**

Tuition Agreement

1. _____ I/We agree to pay Little Feet Academy & Excelsior Elementary Schools the monthly payment listed above, on or before the 27th of the previous month. The first tuition payment is due August 27, annually. I/WE **also agree to take full financial responsibility for all school registration, tuition, After School Care, fees and any other expenses incurred on behalf of my child named above.**
2. _____ I/We understand the Application/Registration fee is due with this signed contract as is the Enrolment Deposit (**this fee is NON REFUNDABLE & NON TRANSFERABLE**).
2. _____ LFA & EES tuition is based on a ten-month school year. I/We understand that the monthly tuition rate is a reflection of the annual rate divided into 10 equal payments and doesn't change depending on the number of school days in a month.
3. _____ I/We understand that there is **NO tuition REFUND or PRORATE** for illness, family vacations, Hurricanes and/or weather related closures, Emergency Country Lock downs or Pandemics. LFA & EES makes every effort to offer makeup days for weather related closures.
4. _____ I/We have reviewed the Tuition Rates and Payment Schedule and have discussed any questions with the Administrator or Business Office Personnel.
5. _____ My child _____ is not fully potty trained at this time. If my child is 3 years old or older and begins school before being completely potty trained, I/we agree to pay an additional potty assistance fee up of \$100 per month until my child is fully independent. Monthly Fee: \$ _____
6. _____ I also hereby give the school permission to use/publish any photographs of the child named above, or their work in any school publication, communication or advertising at any time.

Additionally

1. _____ It is my responsibility to see that my child attends school regularly, on time and fully clad in school's uniform, unless prior permission was given by the administrator. (Fun days or Special events)
2. _____ I understand that my child can only advance to the next level upon completion of the grade level he/she may be in at present with a c average or above.
3. _____ I understand that it is my responsibility to partner with my child's teacher by periodically checking on the progress of my child.
4. _____ I give my child permission to accompany the class or the school on related field trips, which takes place during school hours.
5. _____ I understand that it is my responsibility to have my child adequately covered with medical insurance.

6.____I understand that in the event of minor complaints, falls or accidents the a school personel will treat my child. However, in the event of a serious illness or accident, I will be contacted and ask to collect my child or In cases of an emergency, Little Feet Academy & Excelsior Elementary Schools reserves the right to call an ambulance. I acknowledge and agree to release, waive, discharge and not to hold harmless the School (LFA/EES), its Directors, Board Members, Administrators, Teachers, Staff, Volunteers or any other personnel associated with the school or any school activity, function or event that my child named above may attend. I also release any of the above from all claims, actions, injuries, accidents, to student named above, as a result of their involvement/participation in the school (LFA/EES).

7._____ I also agree to take full responsibility for any damage to the school/facilities/equipment caused by my child named above or by myself or any other representative I authorize to drop off or pick up my child.

Notice of Termination

- 1._____ I/We commit to the entire school year from September to June.
- 2._____ I/We agree to provide a 30 days written notice to inform the school if withdrawing or decreasing enrollment. If this is not done, I understand the full month's tuition is due as stated on this contract. I understand that the Application/Registration Fee and Enrolment deposit are non-refundable.

Parent Signature _____ Date _____

Print Name _____

Director's Signature _____ Date _____