## **Enrollment and Financial Contract**

#### Before & After Care

Enrollment is at the discretion of the Hillside Academy's Administration. Please note that a new Enrollment and Financial Contract will be required each year your child attends Hillside Academy.

#### **Registration/Re-enrollment**

- I understand that the registration fee is due upon enrollment/re-enrollment. I understand that these fees are non-refundable.
- I understand that my enrollment is not considered complete until this fee is paid.
- The re-enrollment fee is \$125.

#### **Financial Responsibilities**

I understand that tuition is based on a 10-month schedule for our Before and After care programs. In order to assure that Hillside Academy continues to be an entity for our families, I agree to make non-refundable tuition payments on a monthly schedule starting with the first month of attendance and continuing until I have given 30 days' notice of withdrawal. I agree to the following:

- Pay tuition on or before the 1st of every month. If the 1st falls on a weekend or holiday, tuition is due the last business day before the 1st.
- Tuition is due in full each month regardless of illness, weather, closures or vacations. Hillside Academy does not prorate tuition and/or give credits for any breaks/vacations during the year.
- I understand that I have the opportunity to receive a 3% discount for a full year of tuition if paid in full by check or cash, on or before July 1st
- I understand that all families are required to have a credit card on file. I understand that if tuition has not been received by the 5th of the month, the credit card will be charged with a \$35 late fee added.
- I understand that if tuition is continually late, my account may be placed on an automatic payment plan.
- I understand that I will be charged \$10 per minute late fee if I pick up our child after close of business day at 6:00pm.
- I understand that a \$35 fee will be applied for all returned checks.
- I understand that in cases of divorce with joint custody, each parent is responsible to fulfill all financial obligations regardless of personal cost sharing agreements. In cases of single parent custody, the custodial parent is financially obligated and must sign this Enrollment Contract.

#### Withdrawal Notice

I agree to give thirty (30) days written notice if I plan to withdraw my/our child and understand that I am obligated to pay the tuition for the 30 days following the date I give notice. It is my responsibility to notify the school by submitting a written notice to the School office or by sending an email to <u>registrar@hillsideacademy.com</u>. The 30 days will be calculated from the date the notice is received. I understand that if my child is asked to leave for any reason, I am still required to pay tuition for the next 30 days.

#### Termination

I understand that the school has the right to terminate enrollment of any student for cause at the discretion of the school's administration.

#### Communication

I have read and understand and agree to the terms and conditions stated in the Hillside Academy Parent/Student Handbook, current edition, (available at <u>www.hillsideacademy.com</u>). I understand that in order to receive electronic newsletters and stay informed of school wide events I need to sign-up for the newsletter by doing so at <u>www.hillsideacademy.com</u>.

#### **Check-in/Check-Out Procedures**

I agree to sign my child in/out every day in the classroom. It is my responsibility to contact the front office if I forget to do this.

#### Snacks

I understand that Hillside Academy provides a healthy snack for our before/after care programs. I understand that if my child has any food allergies or intolerances I understand that I will provide a healthy, nut free snack for my child on a daily basis.

#### **School Closures**

- I understand that I will be charged for any days that I sign up, regardless of whether my child attends or not. I understand that no refunds are given if my child does not attend.
- I understand that Hillside Academy is completely closed and care will not be available on the following days: Labor Day, Thanksgiving and the following Friday, December 24 through January 1 (or the day after, if it falls on the weekend), Memorial Day, Fourth of July and one FULL week of August, refer to school calendar for dates. I understand that it will be my responsibility to find alternate care during these closures for my child.

#### Participation in Before & After care Related Field Trips

 I hereby authorize my child to participate in all before & after care related field trips. Scheduled field trips are made known to parents/guardians through the monthly calendar and/or communications from teachers. Parents who object to any particular field trip must give written notification to their child's teacher of their child's nonparticipation in that field trip. I agree to: 1) accept general liability for the participation of (my/our) (child/ward) during these
activities, and 2) hold harmless Hillside Academy, their officers, employees, directors, and
volunteers from claims, liability or suits arising from my child's misbehavior or disregard of
regulations while participating in any field trip. If transportation is provided in a privately
owned vehicle, the driver is responsible for his or her passengers' wellbeing. I agree to carry
and supply proof of auto liability insurance prior to transporting any student on behalf of
Hillside Academy.

#### **Health Information**

I understand it is the policy of the school that, in order to reduce risk of spreading illness, a student with a contagious and/or communicable disease may not be allowed on the campus. The administration has the authority to make the decision based on the advice of any appropriate physician from whom he or she may seek counsel.

#### **Medical Information**

It is the policy and procedure of Hillside Academy that in the event of accident/emergency, Hillside Academy will call paramedics immediately and then contact parents/guardian.

- I understand that if it is in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my authorization or consent before being supplied, and if I am unavailable for such authorization, and the wellbeing of the child is at risk, I hereby authorize, appoint and empower Hillside Academy, to act as my agent to furnish on my behalf such oral or written authorization as may be required, and I release Hillside Academy, from any liability which might arise from the giving of such authorization; it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises. I have completed the Medical Release section of the student application.
- I authorize and consent to an x-ray examination, anesthetic, medical, dental, or surgical diagnosis treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.
- I authorize and consent to an x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

#### Liability

I understand that Hillside Academy is not responsible for damages to or loss of personal belongings. In the event that my child destroys school property, I agree that it is my financial responsibility to cover any cost.

#### **General Conditions**

This Enrollment & Financial Contract is subject to the general statements, policies, rules, regulations, conditions, traditions, and financial terms, as indicated in Hillside Academy's Parent Handbook, the Tuition & Fee Schedule, and the yearly calendar which are acknowledged to be incorporated into this Enrollment & Financial Contract, and with which I have taken the opportunity to become familiar. These general statements, policies, rules, regulations, conditions, traditions and financial terms may be adopted or amended from time to time.

# **CONTRACTUAL OBLIGATION:**

### PAYMENT OF TUITION PROCESS:

Your annual tuition is based on a 10-month schedule. You can pay the full amount at once or you can pay your tuition in 10 equal payments. Monthly invoices will be sent via FACTS around the 15th of every month for the next month's tuition/fees. Hillside Academy offers several methods of payment for your student's tuition:

- Choose E-check auto payment option through FACTS
- Drop off a check in person the front office is open Mon-Fri, 8:00am to 3:45pm
- Mail a check to: Hillside Academy PO Box 1344 Duvall, WA 98019
- Use your own banks bill payer online system to set up automatic payments to Hillside Academy. Use the address listed above in setting up this service. Please be aware of the banking travel time between check issued and check received when setting up this option.
- Use your credit card on file each month; keep in mind there will be up to a 3.5% credit card processing fee added.

Note: It is required to have a current Credit Card Authorization form on file with the front office. Please download the PDF <u>HERE</u> and bring completed form to the front office. Thank you!

Signature

Date