



THE LEARNING EXPRESS

PRE-SCHOOL & CHILDCARE
300 DARLING STREET, NEWARK DE 19702
PHONE: (302) 737-8990 FAX: (302) 737-0891

<input type="checkbox"/>	Reg. Fee: _____
<input type="checkbox"/>	Mat Fee: \$45
<input type="checkbox"/>	3 yr. old books \$35
<input type="checkbox"/>	4 yr. old books \$50
<input type="checkbox"/>	TE Fee: \$40
<input type="checkbox"/>	Total: _____
<input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Receipt/CK # _____

2024/2025 SCHOOL YEAR 2, 3, & 4 YEAR OLD ENROLLMENT FORM Tuesday, September 3, 2024 through Thursday, June 5, 2025

Enrollment Fee Information	
New Students: \$75 per child or \$85 per family.	3-year-old books: \$35
Returning Students: \$35 per child or \$45 per family.	4-year-old books: \$50
Mat Fee: \$45	Tuition Express Fee: \$40
All fees are due at time of registration and are non-refundable.	

Projected Start Date: _____ All forms must be completed, signed & returned prior to start date.

Child's Full Name: _____ Birth Date: _____

Home Address: _____ Phone: _____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

SS# _____ OR Driver Lic # _____

SS# _____ OR Driver Lic # _____

Employer: _____

Employer: _____

Work Phone: _____ Cell: _____

Work Phone: _____ Cell: _____

Email Address: _____

Email Address: _____

How did you hear about The Learning Express? Referred by: _____ Advertisement Other: _____

Please INITIAL these statements to acknowledge your agreement.

____ **Movie Release:** My child may participate in the viewing of movies shown at *The Learning Express Preschool* I understand the movies will be age appropriate and not exceed 1 hour in length.

____ **Custody/Court Paper Acknowledgment:** I acknowledge that I am responsible for providing the school with up-to-date custody/court papers in the case of divorce/separation/custody issues. Unless *The Learning Express Preschool* receives papers, we will assume that both parents have equal rights. We will abide by the court papers with which we are provided.

____ **Late Drop Off:** I acknowledge that the academic day starts at 8:30am and drop off after 9:00am is disruptive to the learning environment. We ask our families to do their best to arrive on time.

PLEASE COMPLETE REVERSE SIDE

TUITION AGREEMENT for 2024/2025 School Year

Session Chosen and Weekly Fees:

*We reserve the right to change child care fees at any time. (A month notice would be given)

FULL DAY SESSIONS (7am-6pm)

- 5 Full Days
- 3 Full Days (M, W, F Only)
- 2 Full Days (T, TH Only)

HALF DAY SESSIONS (7am-12:15pm) – 2's

- 5 Half Days (7am-12:30pm) – 3's & 4's
- 3 Half Days (M, W, F Only)
- 2 Half Days (T, TH Only)

Tuition Payment Option Selected:

*Please note: If you have selected the EFT/Credit Card through Tuition Express, you must also complete the Tuition Express Enrollment form.

- Money Order
- Check (if 2 checks are returned for NSF, money order is required)
- EFT from Checking - *Tuition Express* (if declined 2 times, money order is required)
- EFT from Credit Card - *Tuition Express* (if declined 2 times, money order is required)
- POS Debit/Credit Card through our online myprocare.com portal

Tuition Payment Schedule:

*Please note: All EFT/Credit Card through Tuition Express and Cash/Money Order payments will be payable according to the Monthly/Weekly schedule that you have chosen.

- Weekly payments due Thursday for the upcoming week of care
- Monthly payments due on the 1st of the month

Voluntary Withdraw & Extended Leave Policy:

Please initial each statement to acknowledge your understanding of this policy.

_____ In order to withdraw from our program or take an extended leave of absence, (minimum of 1 month) TWO WEEKS **written** notice is required. Should the written notice not be received, you will be responsible for paying for two additional weeks.

_____ Those families taking an extended leave who wish to secure a position in their child's current classroom must pay FULL tuition amount for all weeks of the absence PRIOR TO LEAVING.

Please read and sign this agreement:

- I/we agree that I/we will be making tuition payments to *The Learning Express Preschool* per the Payment Option and Payment Schedule selected above.
- I/we have read, understand, and agree to all annual and additional fees described on the Tuition Information sheet.
- I/we agree that we are responsible for keeping our account current. Should the account become delinquent, I/we understand that I/we will receive notification that childcare services will be terminated until the account is brought current (providing that a position is available at that point). By signing this agreement, I/we acknowledge that I/we would be responsible for all fees resulting from any collections on this account.
- **I/we understand that FULL tuition is due for 40 weeks regardless of holidays/closings or child's absence due to illness.**
- **I have read, understand, and agree to these statements as well as all information included on the Tuition Information sheet. Signature of ALL Responsible Parties is required:**

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

Administrator Signature: _____ Date: _____