



Tiny Treasures Learning Academy

200 Emerald Avenue
Westmont, NJ 08108
(856)858-2300
REGISTRATION FORM

CHILD'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

MOTHER'S NAME: _____

MOTHER'S WORK NUMBER: _____

MOTHER'S EMAIL: _____

FATHER'S NAME: _____

FATHER'S WORK NUMBER: _____

FATHER'S EMAIL: _____

DESIRED SCHEDULE:

DAY	TIME
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

\$75.00 REGISTRATION FEE FIRST CHILD/SECOND CHILD \$50.00

I agree to pay \$_____ per week regardless of Holidays, sick days, planned absences or vacations. I understand that I will need to fill out a new form if my child's schedule changes. I also agree to pay a one week **security deposit** that will be applied to my child's last week at Tiny Treasures. It shall be my responsibility as the parent to notify Tiny Treasures no less than 30 days prior to my child's removal. If notice is not provided the security deposit will not be applied to the last week and tuition will be due for the entire month, regardless of removal date.

Parent's Signature

Date

Tiny Treasures Learning Academy

(856) 858-2300

Tuition Contract

Full Day Learning Program Monday –Friday	\$215.00 weekly rate
4 Full Days	\$185.00 weekly rate
3 Full Days	\$160.00 weekly rate
2 Full Days	\$150.00 weekly rate
Daily Rate	\$75.00 Daily rate
Half Day Learning Program Monday – Friday	\$155.00 weekly rate
Half Day Learning program (4 days)	\$135.00 weekly rate
Half Day Learning Program (3 days)	\$125.00 weekly rate
Half Day Learning Program (2 days Minimum)	\$105.00 weekly rate

10% Sibling discount (given on lower amount of tuition)

Terms of agreement: A one-week security deposit is required prior to start date, along with completed paper work and forms. Security deposit is non-refundable; however, will be used towards your last week at Tiny Treasures Learning Academy when that time comes. One month written notice stating your intent to leave is mandatory and your account must be up to date at that time.

Payment schedule: Payment is expected on the first of each month or bi-weekly on the first and fifteenth. Monthly tuition is based on four weeks. In the event of a five week month an additional week must be added to monthly or bi-weekly tuition. Any payments received after the last day of each month will have a charge of 20% added and the security deposit will be applied to the account. Non-payment will result in termination of enrollment. You are responsible for tuition for the scheduled days regardless of **sick days, holidays, or vacation.**

Pick up times are no later than 6:00pm for full time Program and 12:30pm for half day morning program. Late pick- ups are charged \$10.00 for every ten minutes late.

Registration of **\$75.00** is payable for the school year (September to June). Registration must be paid prior to start date. Registration is non-refundable.

I have read the above payment schedule and terms and agree to abide by them.

Signature

Date

Hours of Operation
7:30am to 6:00pm

PICK-UP AUTHORIZATION

The people listed below have my authorization to pick up my child from the program. I will inform my child's director/teacher, each time a special pick-up is necessary.

NAME	RELATIONSHIP	PHONE NUMBER

These people are NOT allowed to pick up my child.

NAME	RELATIONSHIP	PHONE NUMBER

Physician's Name _____ Phone _____
 Address _____
 Hospital Affiliation _____
 Insurance Company _____ Policy# _____

Allergies:
 Food _____
 Medication _____
 Other _____

Important information our school should know about your child: _____

 Childs name

 Parent's Signature Date