



Learning Springs Academy

ENROLLMENT AND TUITION CONTRACT
2024 - 2025

Please print legibly in black ink.

Desired date of entrance: mm / dd / yy

Desired program [] Elementary [] Middle School [] School-Age [] AM [] PM

Student's Name: Last First Gender: Grade: Fully Potty Trained: [] Yes [] No

Current Age: (years) and (months) Date of birth mm / dd / yy Birthplace: City/State /Country

Race/Ethnicity: [] White [] Hispanic [] Black [] Asian [] Other: (The information is needed for reporting purposes.)

Parent #1/Guardian's Name: Relationship

Address: Street City Zip Code

() Email address Cell Phone (in CAPS please)

Place of Employment: Occupation:

Parent #2/Guardian's Name: Relationship

Address: Street City Zip Code

() Email address Cell Phone (in CAPS please)

Place of Employment: Occupation:

With whom does the student live: [] Both parents [] Parent #1 only [] Parent #2 only [] Guardian (Name)

If student lives with single parent, shared custody, or guardian, please specify custody status

Court ordered custody: Learning Springs requires a current copy of the court order, which states parental or guardian rights. Please indicate the following as dictated in the custody agreement.

Who is the student's legal guardian? [] Both Parents [] Parent #1 only [] Parent #2 only [] Guardian (Name)

To whom should correspondence be sent [] Both Parents [] Parent #1 only [] Parent #2 only [] Guardian (Name)

Who is responsible for tuition payments? [] Both Parents [] Parent #1 only [] Parent #2 only [] Guardian (Name)

If a friend/agency/professional referred you to us, please let us know whom we may thank: Name

Please read carefully and initial beside each statement indicating consent. The initials of both custodial parents /guardians are required.

PARENT HANDBOOK: Parents/guardians are required to read the Parent Handbook, understand, and abide by the policies therein.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

COURT ORDERS AND CUSTODY: Learning Springs recognizes that both parents/guardians have a legal right to be a part of their student's life. The school denies a parent/guardian access to their student ONLY if there is a legal document, which addresses that denial. A copy of the current court order, which states the rights or restraints ordered must be submitted. Only written instruction will be accepted. Visitation with the non-custodial parent /guardian will not be permitted to take place at the school. Parents /guardians are responsible to provide the school with updated court orders to assure compliance.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

ENROLLMENT HOLD TIME: Learning Springs will hold a new student's space in the classroom for up to two weeks with a signed contract, paid registration fee and paid materials' fee. If enrollment has not been completed by that time a new registration fee must be submitted to continue to hold the space.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

CONTACT INFORMATION: Any changes in contact information and/or custody agreements, etc., must be reported immediately to the office for your student's safety in case of an emergency.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

SIGN IN/OUT PROCEDURES: LSA requires that all students be signed in and out daily by a parent/guardian or any authorized person(s) as designated on the student's authorization form. Learning Springs maintains a strict policy regarding this requirement. **Printing your full name and/or signing with a legible and complete signature, recording the date and actual time, is required.**

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

EARLY SIGN IN/OUT PROCEDURES: Though we highly encourage it, we understand that it can be difficult to schedule various appointments after school hours. If a student needs to be removed from school during the school hours, the parent/guardian must advise the office in advance. If the student will be returning to class during the school day, please sign them back in.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

SCHOOL SAFETY: If someone other than the parent or guardian will be picking up your student, it is the responsibility of the parent/ guardian to inform Learning Springs' office in writing with the person's full name prior to pick up in order to authorize the pick-up. Authorized representatives will be required to show a current government issued picture ID. Under no circumstances will students be released without written authorization from the legal parents/guardians.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

STUDENT ILLNESS / EMERGENCY: We strive to maintain a healthy, safe environment for our students. **Any illness we believe to be contagious will warrant an immediate call to you to pick up your student from school within the hour. Upon return, students must be able to fully participate in all school activities.** We will notify you if any contagious or serious illness is diagnosed regarding a student in our program and ask that you notify us immediately if your student is diagnosed with a serious communicable illness. Reports are treated confidentially. Students presenting with coughs, sneezing, runny noses, or other signs of colds/flu must wear a mask while on campus until symptoms subside or remain home. All students are encouraged to be fully vaccinated against the COVID-19 virus unless they have a severe allergy, and their pediatrician provides a note stating why they do not recommend the vaccine.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

LIABILITY: Learning Springs is not responsible for damages to or loss of personal belongings. If a student destroys/damages school property or the property of others, the parents understand that it is their financial responsibility to cover any cost to repair or replace the item with the same or similar item if the same item is no longer available.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

LATE PICK-UP: A fee of one dollar (\$1.00) per minute per student will be charged for late pick up after the designated time and five dollars (\$5.00) per minute after the first fifteen minutes. There is no grace period.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

EMERGENCY MEDICAL CARE: If a student requires emergency medical attention and we are unable to contact the parent, guardian, or emergency contacts, we will take whatever measures necessary for the student's welfare. Every effort will be made to notify the parent(s) immediately under any emergency condition. **It is essential therefore that both parents/guardians always keep the school informed of their current contact information.**

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

EMAIL: Learning Springs is authorized to release your email address to other Learning Springs parents. [Email addresses will not be used to create business mailing lists, advertising, or for any non-school related use.]

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

MEDICATION POLICY: If prescription, over-the-counter medication, lotion, or sunscreen need to be administered/applied while your student is at school, you must deliver the medication to the office and submit written instructions on the required authorization form(s). Current medication must be in its original container with an unaltered label listing the student's name, instructions and dosages as prescribed by a physician.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

FOOD/NUT FREE ZONE: Learning Springs is a nut free zone. Parents are required to inform the school if their student has any allergies/food restrictions.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

PHOTOGRAPHS: Students are often photographed as part of class projects, various activities and special events. There may also be occasions when your student's photograph may appear in publications or materials related to Learning Springs or on our website, Learning Springs Facebook page or Instagram. **Please notify the school office in writing if it is your desire that your student not be photographed.**

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

The State of California-Health and Welfare Agency Department of Social Services shall have the authority to observe the physical condition of the student, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the student.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

TUITION POLICY

TYPES OF PAYMENT: We accept direct deposit, personal checks, money orders, cashier's checks, and cash. Checks should be made payable to "Learning Springs Academy, Inc." with the student's name in the memo area. Policy does not allow for poste dated or holding checks.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

REGISTRATION AND MATERIALS' FEE: The Registration Fee and Materials' Fee are **non-refundable nor transferrable** and must be received in full by Learning Springs at the time that the Enrollment and Tuition Contract is submitted. If the bank returns a check for non-sufficient funds, re-enrollment may be possible, if space allows, with a cash payment of the non-refundable registration fee including the \$50.00 penalty fee per check for returned checks. The rate increases by \$10.00 for each week the non-sufficient fee is not paid.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

TUITION PAYMENT: Tuition is due on the first of each month no later than 4:00 PM and is late after the first calendar date of each month regardless of whether the first of the month falls on a holiday/weekend day. There is a late charge of \$45 for any payment not paid by the first of the month and will increase by \$10.00 for every two days thereafter. A \$50 fee will be assessed for any return checks. Learning Springs is unable to credit tuition for absences, such as illness/vacation/holidays/school breaks/acts of God.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

MONTHLY INSTALLMENTS: The fact that school tuition is paid in installments does not in any way constitute a fractional contract. Monthly tuition installments are calculated based upon the number of school days in a school year. The monthly installment remains the same regardless of the number of days in a month/school closures/federal holidays/illnesses/family vacations and any other personal reasons. **School closure days are not included in tuition.** Childcare fees for school breaks, holiday childcare coverage, etc. are a separate fee.

_____ Parent's/Guardian's initials _____ Parent's/Guardian's initials

VACATIONS: Families choosing to take extended vacations during the school year are still required to pay tuition for the time in which the student is absent from school. Missed days due to illness, family vacations and any other personal reasons are not made up/credited/rescheduled or switched for any other days.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

NON-PAYMENT OF TUITION: Should the tuition become delinquent for more than two weeks; immediate withdrawal of your student may be effective until the tuition and late fee are paid in full. For your student to return, the school will require a payment of the registration fee again along with any past tuition and late fees. Any legal and other costs incurred in collecting overdue payments will be charged to the parents. In the event of consistent late tuition payments (those within the two-week period), a student's enrollment may be terminated.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

WITHDRAWAL: A 30-school day written withdrawal notice is required when exiting the school for a period of time from one month to a permanent exit. Any exits occurring March 1st or later requires the balance for the remainder of the school year paid in full at the time of withdrawal.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

TUITION RESPONSIBILITY: All tuition installments (including, but not limited to, any outstanding balances from tuition subsidy programs), penalty fees, additional and supplementary services fees are the responsibility of the parent or legal guardian entering into this contract with Learning Springs as evidenced by the initials and signature below.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

PROGRAM CHANGE: Any program changes families wish to make are determined by availability of space in that program. If a parent/guardian wishes to make a program change a Change in Enrollment Request form must be completed along with a new contract. If Learning Springs can accommodate the request, the school will notify the family of any additional payments or paperwork that needs to be submitted.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

SUBSIDY PROGRAM: Families who are on a subsidy program will be responsible to pay all fees that the grantor/program declines to pay including childcare tuition, late fees, etc.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

TUITION INCREASE: We may increase our tuition or fee rates with at least one month's notice.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

TERMINATION OF SERVICES: A student may be terminated at any point during their enrollment from Learning Springs, if in the opinion of the Administrator and/or Director, the school does not have sufficient or appropriate resources to address the needs of the student and family.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

COSTS OF COLLECTION / STUDENT RECORDS: If Learning Springs refers a family's account for collection, the family will pay all of Learning Springs' costs of collection, including (*but not limited to*) attorneys' fees. Learning Springs is not obligated to release to the family or any other school any student records until all financial obligations to the school are paid in full, except as may otherwise be provided by law.

_____ **Parent's/Guardian's initials** _____ **Parent's/Guardian's initials**

Learning Springs admits students of any race, color, national/ethnic origin, sex and/or gender identity to all rights, privileges, programs, and activities generally accorded or made available to all students. Learning Springs does not discriminate on basis of race, color, national/ethnic origin, sex, or gender identity in areas of administration of education policies, administration policies, or other school- administered programs.

Learning Springs welcomes all students and is committed to providing developmentally appropriate learning and development experiences that support the full access and participation of every student. We believe that each student is unique and work in partnership with families and other professionals involved with the student to provide the support every student needs to reach their full potential.

Date Rec'd: _____
 Cash/Check #: _____
 Amount Rec'd: _____
 Payment for: Reg. Materials' Fee
 Initials: _____

ENROLLMENT OPTIONS

Elementary: TK – Fifth Grade <input type="checkbox"/> 5 days (8:30 am -2:00 pm/Wednesdays 8:30 am -1 pm)	Middle School: Sixth – Eighth Grade: <input type="checkbox"/> 5 days (8:30 am -3:00 pm/Wednesdays 8:30 am -1 pm)
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School Age Extended Care Program:

Before School TK-8th
 5 days (7:30 AM – 8:30 AM)

After School TK – 8th
 3 day PM Extended Care (EOD – 5:00 PM)
 5 days P.M Extended Care (EOD – 5:00 PM)
 Other: _____

OTHER: _____

I/We understand that based on my/our choice of enrollment options, the monthly tuition installment will be \$_____.
 I/We have read, understand, and agree to abide with all terms as set forth in Learning Springs' "Enrollment and Tuition Agreement". I/We, the undersigned, have read and understand the Terms and Conditions of this Agreement for enrollment and agree to abide by said Terms and Conditions and agree to fulfill the total financial obligation for payment of tuition as detailed above.

(Both custodial parents'/guardians' signatures required)

_____/_____
 Printed Name/Signature of Parent #1/Domestic Partner/Guardian Date

_____/_____
 Printed Name/Signature of Parent #2/Domestic Partner/Guardian Date

_____/_____
 Marianne Nadell/ Assistant Director Date

_____/_____
 Lucia D'Souza/Executive Director Date

(A copy of this signed contract will be emailed to the parents/guardians)

Tax I.D. # 46-4945669