



TUITION AGREEMENT FORM

Payment Plan:

- Weekly Tuition Payment
 Bi-Weekly Tuition Payment
 Monthly Tuition Payment

Payment Method:

- ACH (provide voided check)
 Cash
 Check
 Credit Card (fill out info below)
 CCIS (Must also select one additional option above if selecting CCIS)

Credit Card Info: Credit Card Number: _____

Credit Card Type: Visa MasterCard Discover

Expiration Date: _____ Zip Code: _____

3-digit code on back of card: _____

Absences/Holidays: Parent/Guardian is responsible for paying the required tuition amount. No credit will be given for day/days not in attendance.

Convenience Fee: A 3.5% convenience fee will be added to each credit card transaction.

Declined Credit Card: A \$10 fee will be applied each time a credit card is declined for any reason.

Maximum Hours: Any time exceeding the allowed 10 hours of childcare per day through closing time will be charged at \$15.00 per half hour.

Late Payment Fee: A \$5 per day fee will be added to your bill each day for all past due balances. Three (3) consecutive late payments will result in mandatory ACH or credit card payments for all future invoices.

Late Pick Up Fee: A charge of \$25 per 15 minutes will apply if your child is picked up after facility closing hours.

Outstanding Balances: If a delinquent balance accumulates, your child will be declined the ability to maintain active enrollment or obtain end of year tax statements until the account balance is paid in full.

Payment Due Date: First service day of each week, typically Monday, by 5:30 pm.

Registration Fee: A non-refundable \$75 fee per family.

Returned Check or ACH Payment: A \$25 fee per NSF bank draft will be charged. After two (2) incidents, all future payments will be required in the form of cash or credit card.

Vacation Policy: A one (1) week vacation credit is earned after enrollment for six (6) consecutive months. A one-month prior written notice is required for a vacation credit to be used. Vacation must be used the year it is earned. Vacation credit renews annually according to the calendar year from January thru December.

Signature: _____ **Date:** _____

Print Name: _____

I, the parent/guardian, have read, understood and agree to comply with Bright Beginnings Tuition Agreement. If I do not comply, I understand that my child will not maintain active enrollment.