

Children's Academy

890 Ethan Allen Hwy
Ridgefield, CT 06877
(203)438-0766

Tuition Agreement

Please circle the appropriate schedule:

Full-Time

Part-Time

Occasional

Please circle all that apply:

Full Year

School Year Only

Summer Only

Weekly Tuition for: _____
(Child's Name)

Will be \$ _____ based on the following days & times:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

I realize that I am responsible for the tuition described above. I understand that if more hours are used in a given week, additional monies will be charged the following Monday. If fewer hours are used discounts may apply only if the criteria explained in the Operating Policies are met. **All** payments are due on **Monday** in order to meet our financial commitment.

I have read the Operating Policies of the center and the tuition agreement and agree to the terms stated.

Date

Parent / Guardian

Director