

**HERITAGE CHILDREN'S ACADEMY**

1360 Sussex Turnpike  
Randolph, NJ 07869  
973-895-2277

Center Use Only

Application Received \_\_\_\_\_  
Classroom \_\_\_\_\_  
Fee Received \_\_\_\_\_

CONFIDENTIAL APPLICATION FOR ENROLLMENT

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

We are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Other children living at home: (may continue on reverse side):

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Can your child eat all foods? \_\_\_\_\_ Explain \_\_\_\_\_

Any allergies? \_\_\_\_\_ Handicaps? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Anything Special we should know about your child? \_\_\_\_\_

**Start Date** \_\_\_\_\_

Signature \_\_\_\_\_ Parent Interview Date \_\_\_\_\_

# HERITAGE CHILDREN'S ACADEMY

## Tuition Agreement

**My child, \_\_\_\_\_, is registered to attend the Heritage Children's Academy. The following tuition requirements are to be met to assure service:**

- A \$100 registration fee is required prior to enrollment and is non-refundable. A \$75 re-registration fee is due every year thereafter.
- My child is enrolled \_\_\_\_\_ days per week, (circle the appropriate days)  
 Monday            Tuesday            Wednesday            Thursday            Friday.
- My child is enrolled: 1/2 Days            Full Days            9-3            (circle one)  
    Or  
    Before Care     After Care  
    (AM or PM)  
    (circle all that are needed)
- **Monthly** tuition for the above enrolled days of service is \$ \_\_\_\_\_.
- I agree to pay tuition the first of every month prior to that month's service.
- I understand that there is no deduction or reimbursements in tuition for my child's absences due to illness, vacation, or other family matters including withdrawal.
- The center is closed two weeks per year as well as holidays and there is no deductions made for these closings.
- I will contact the Director regarding any emergencies that may interrupt my child's enrollment.
- A late fee of \$15 is established for payments over 5 days late.
- Late payments of 15 days or more may require my child to be temporarily suspended from our program until payment is made.
- Two late payments per year may result in termination of my child from the center.
- A service charge of \$25 is established for returned checks, payable immediately.
- I may change the number of days per week my child attends according to my family's needs and availability of classroom space, which may require that a new tuition agreement is signed.

I, the enrolling parent, have read the above tuition agreement, fully understand it and agree to comply with the requirements to assure my child's continuing enrollment.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_