

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 _____

Primary Parent 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
School age - Before Care / After Care (circle one or both as 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 disenrollment.
- 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.

Primary Parent signature _____ Date _____