



## Tiny Treasures Learning Academy

200 Emerald Avenue

Westmont, NJ 08108

(856) 858-2300

### REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S WORK NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S WORK NUMBER: \_\_\_\_\_

**DESIRED SCHEDULE:**

DAY	TIME
<b>MONDAY</b>	
<b>TUESDAY</b>	
<b>WEDNESDAY</b>	
<b>THURSDAY</b>	
<b>FRIDAY</b>	

**\$75.00 Registration Fee First Child/Second Child \$50.00**

I agree to pay \$\_\_\_\_\_ per week regardless of holidays, sick days, planned absences or vacations. I understand that I will need to fill out a new form if my child's schedule changes. I also agree to pay a one week security deposit that will be applied to my child's last week at Tiny Treasures Learning Academy. It shall be my responsibility as the parent to notify Tiny Treasures no less than 30 days prior to my child's removal. If notice is not provided the security deposit will not be applied to the last week and tuition will be due for the entire month, regardless of removal date.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Tiny Treasures Learning Academy

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## Tuition Contract

Full Day Learning Program Monday –Friday	\$195.00 per week
4 Full Days	\$165.00 per week
3 Full Days	\$140.00 per week
Daily Rate	\$55.00 per week
Half Day Learning Program Monday – Friday	\$135.00 per week
Half Day Learning program (4 days)	\$115.00 per week
Half Day Learning Program (3 days)	\$105.00 per week
Half Day Learning Program (2 days Minimum)	\$80.00 per week
Edison Walk and Return	\$155.00 per week

### 10% Sibling discount (given on lower amount of tuition)

**Terms of agreement:** A one-week security deposit is required prior to start date, along with completed paper work and forms. Security deposit is non-refundable; however, will be used towards your last week at Tiny Treasures Learning Academy when that time comes. One month written notice stating your intent to leave is mandatory and your account must be up to date at that time.

**Payment schedule:** Payment is expected on the first of each month or bi-weekly on the first and fifteenth. Monthly tuition is based on four weeks. In the event of a five week month an additional week must be added to monthly or bi-weekly tuition. Any payments received after the last day of each month will have a charge of 20% added and the security deposit will be applied to the account. Non-payment will result in termination of enrollment. You are responsible for tuition for the scheduled days regardless of **sick days, holidays, or vacation.**

**Pick up times are no later than 6:00pm for full time Program and 12:30pm for half day morning program. Late pick- ups are charged \$10.00 for every ten minutes late.**

Registration of **\$75.00** is payable for the school year (September to June). Registration must be paid prior to start date. Registration is non-refundable.

I have read the above payment schedule and terms and agree to abide by them.

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Signature

Date

Hours of Operation  
7:30am to 6:00pm

## PICK-UP AUTHORIZATION

The people listed below have my authorization to pick up my child from the program. I will inform my child's director/teacher, each time a special pick-up is necessary.

NAME	RELATIONSHIP	PHONE NUMBER

These people are NOT allowed to pick up my child.

NAME	RELATIONSHIP	PHONE NUMBER

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies:

Food \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Important information our school should know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_