



Discovering Wings with Faith to Fly

411 E. Superior
Wayland, MI 49348
269/397-1600
www.weewings.org

ADMISSION APPLICATION/CONTRACT

Child's Name: _____ Date of Birth: _____

Parent's Address: _____ Phone: _____

Medical Conditions/Allergies/Medications (if any): _____

Table with 6 columns (Monday-Friday) and 3 rows (Arrival Time, Pick-up Time, empty row)

Family

Child lives with (please check all that apply):

Father Mother Step-Father/Step-Mother Other _____

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Tuition Rates

Preschool

Morning: 8:15 - 11:45 \$12.00/child per day

All Day : 8:15-3:15 (or any part thereof) \$24.00/child per day

Before/After School Care

(7:00am - 8:15am, 3:15-5:30) \$3.00/per hour

Tuition

Tuition is calculated weekly based on the number of mornings and/or afternoons contracted for each month. For Full Time monthly payment, there is a 5% discount calculated in the tuition if paid monthly for the entire year (12 month enrollment, with a 2 week vacation included).

There are two options of tuition payments available:

Option 1: Tuition paid on the first of every month. Receive 5% discount.

Option 2: Tuition paid weekly or bi-weekly on Monday (prior to services).

Withdrawal Policy

A two (2) week written notice of intent to withdraw from Wee Wings Montessori is required. Prepaid tuition will be refunded, upon request and on a prorated basis, in the event that illness or family move necessitates withdrawal of the student before the end of the academic years. Wee Wings Montessori reserves the right to withdraw a child at any time at our discretion.

Vacation/Sick Time

The program is closed the following days: Memorial Day, July 4th, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Day, and New Year's Day.

Payments

Payments are due on Monday prior to service. Any alternate payment arrangements must be made *in writing* with the Director. After two full weeks of unpaid tuition, your child will not be able to return until full payment has been made. A \$30.00 fee will be charged for returned checks.

Schedule Changes

A reduction in schedule requires two (2) week written notice given to the program director. Additions to schedules can be made at any time, provided space is available.

Late Pick-Up Fee (after 5:30 pm)

\$1.00/minute



Discovering Wings with Faith to Fly

411 E. Superior
Wayland, MI 49348
269/397-1600
www.weewings.org

CONTRACT AGREEMENT FOR PRESCHOOL/CHILDCARE SERVICES

We, _____ (parent/guardians), agree to enroll our child _____ in Wee Wings Montessori, licensed by the State of Michigan.

The hours of operation for Wee Wings Montessori are 7:00am - 5:30pm Monday through Friday.

We agree to pay the provider for monthly childcare services on the first (1st) of each month. We agree to pay the full fixed daily rate regardless of absences. We understand that Wee Wings Montessori reserves the right to adjust the fixed rate with thirty (30) days written notice.

We agree that the child care fees are to be paid on the Monday prior to service, unless a payment plan has been established with the Director. We also agree to pay any late payment penalties and late pick up fees established in the Child Placement Contract.

We acknowledge that Wee Wings Montessori will release our child only to those persons authorized on the Child Information Record. We further acknowledge agreement with Wee Wings Montessori that standard procedures will be used for the release of children in special circumstances.

We agree that either party may terminate this agreement with a two (2) week written notice. In the event we do not provide a two (2) week written notice of withdrawal, we agree to pay Wee Wings Montessori an amount equal to two weeks tuition. We also acknowledge that Wee Wings Montessori may terminate this agreement without notice if our child's continued participation in the program creates a direct threat to the safety of self, other children, or Wee Wings Montessori staff.

In the event of a potential medical emergency, Wee Wings Montessori is authorized to seek consultation and/or treatment for this child with any physician(s) and/or emergency personnel responding to a potential medical emergency involving the above named child.

We have read the program descriptions, policies and information, child care policies and procedures, tuition and fee schedules of Wee Wings Montessori. We understand and agree with the philosophy and policies, and accept the conditions and terms stated therein. We also agree to notify Wee Wings Montessori in writing of any change in information contained in this application.

This contract supersedes any prior understanding or agreements. This contract shall be governed by the laws of the State of Michigan.

Parent/Legal Guardian: _____ Date: _____

Signature: _____

Parent/Legal Guardian: _____ Date: _____

Signature: _____

Witness Signature: _____ Date: _____