



1230 22nd Avenue
Kenosha, WI 53140

Provider# 0000583950/Location# 001 * POLICY BOOK AGREEMENT FORM

Please Initial the following statements recognizing that you have read and understand the current policies of Cornerstone.

____ I understand I must give a 2-week written notice to Management when deciding to terminate enrollment. If you end your enrollment without a 2-week notice, you will be charged for 2 weeks.

____ I understand if I go over 6 hours per day (half day slot) I will be charged for a full day.

____ I understand that my schedule needs to be a minimum of 2 days per week unless approved for less.

____ I understand I am billed to contract weekly based on my child's schedule. I will not be credited for time my child does not attend on a scheduled day. Your tuition holds the child's spot.

____ I understand Cornerstone Academy does not offer vacation days or holiday credits. NO CREDITS

____ I understand that if I am more than 1 hour late for my scheduled drop off time without notification, I can be turned away from care for that day.

____ I understand that if my balance is left unpaid for more than 30 days, I will be required to sign up for Tuition Express. Unpaid balances may result in termination.

____ I understand that if my balance is more than 30 days overdue and there is no attempt to make payment, your account will be terminated, and you will be charged for 2 weeks of billing and sent to collections.

____ I understand if I pick up AFTER 6pm, I will be charged \$3.00 for each additional minute. We cannot care for children after 6pm.

____ I understand there is Registration fee of \$60 per child/\$110 per family, that fee will be billed Annually

____ I understand that if I use MyChildCare EBT card, funds from the card must be applied to tuition charges by the 5th of each month via phone or online.

____ I understand that any balance left unpaid AFTER EBT payments have been applied, will be the parent's responsibility. (Parent Portion) And Parent portion is due at the end of each month.

____ I understand if I use MyChildCare EBT card, I will not be allowed to attend the center if my authorization is not Current. To attend you MUST pay for the full week in advance.

By signing below, you are stating you have read and understand the Cornerstone Academy policy book and agree to abide by it.

Print Name: _____

Date: _____

Signature: _____