



1230 22<sup>nd</sup> Avenue  
Kenosha, WI 53140  
Office: 262-552-5368  
www.csawis.com

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

Please initial the following statements recognizing you have read and understand the current policies of Cornerstone Academy.

\_\_\_ I understand I **MUST** give 2 weeks notice to Management when deciding to terminate enrollment. If you end enrollment without a 2-week notice, you will be charged for 2 weeks of tuition.

\_\_\_ I understand I **MUST** pay my tuition **WEEKLY** unless I have signed up with Tuition Express.

\_\_\_ I understand tuition is billed weekly based on my contracted schedule. I will not be credited for early departures, sick days, vacations, absences, holidays or days the center is closed.

\_\_\_ I understand I am unable to switch contracted days due to center closures, sick days, vacations, absences, and holidays. I will be charged accordingly for adding additional days that are not in my contracted schedule.

\_\_\_ I understand I **MUST** drop off **NO LATER** than 10AM daily (M-F). We do not allow drop offs **AFTER** 10am.

\_\_\_ I understand I cannot pick up **AFTER** 6pm. If your child is in attendance after 6pm, you will incur a charge of \$3.00 per minute per child. We are not licensed to care for children **AFTER** 6pm.

\_\_\_ I understand there is a Registration fee of \$70 per child enrolled. This fee is billed annually.  
Effective Sept 1<sup>st</sup> 2024

\_\_\_ I understand if my balance is left unpaid for 2 weeks, Managers will provide a payment schedule **OR** my account will be terminated.

\_\_\_ I understand I am **REQUIRED** to provide Cornerstone with a **Current Physical and/or Immunization Records** for my child **WITHIN 30 days** of Enrollment. If Physical and/or Immunization Record is not current and/or updated, my account may be terminated. State **REQUIRES** Cornerstone to always have these documents on file.

\_\_\_ I understand if I have MyChildCare EBT funding, you **MUST** pay your monthly balance online by the 5<sup>th</sup> of each month.

\_\_\_ I understand if I have MyChidCare EBT funding, you **MUST** pay the remaining balance by the last weekday of the month.

\_\_\_ I understand if I have MyChildCare EBT funding, you will be unable to attend if your authorization is not current unless weekly tuition is paid in advance.

Customer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_