



1230 22nd Avenue
Kenosha, WI 53140
Office: 262-552-5368

www.csawis.com

6am-6pm M-F

TUITION AGREEMENT – 1013478

Child's Name: _____ DATE: _____

Child's DOB: _____

Parent/Guardian: _____

Parent EMAIL: _____ **-MANDATORY**

My child will attend Cornerstone Academy of WI according to the following schedule.

Weekly Schedule	Drop Off Time	Pick up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Tuition Total: _____

Discounts: 10% 2nd child 5% 3rd child FULL-TIME ONLY (5 days per week)

Weekly Tuition Cost: _____

I understand that the agreed tuition will be billed weekly based on the schedule stated above. EBT payments are due on the 5th of each month, with the remaining balance due at the end of the month. Self-pay customers are required to pay weekly unless signed up for TE. To obtain accurate billing, a new tuition agreement must be filled out for any permanent changes to the weekly schedule.

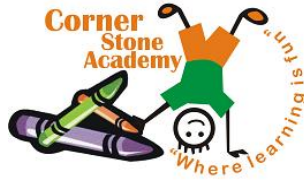
Payment agreement does not include extra charges that may be incurred such as adding days, yearly registration fees, field trip fees, or potty-training fees as agreed upon.

Parent Guardian Signature: _____

Office USE:

Enrollment DATE: _____

SP / EBT



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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.

___ I understand if my balance is left unpaid for 2 weeks, Managers will provide a payment schedule **OR** my account may be terminated. *To review additional termination reasons, please refer to Parent Handbook.*

___ 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 5th 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.

___ If you have questions or need to dispute a charge on your tuition, please contact Management.

Customer Name: _____ Date: _____

Customer Signature: _____