



Buckle My Shoe

ESTB 1981

SUMMER 2019 ENROLLMENT CONTRACT

TRIBECA WEST VILLAGE (CIRCLE ONE)

SCHOOL YEAR 2019-2020

CHILDS NAME: _____

DATE OF BIRTH: _____

[] SESSION I: JULY 8-26 SCHEDULE: _____

TUITION: _____

[] SESSION II: JULY 29-AUGUST 16 SCHEDULE: _____

TUITION: _____

BUCKLE MY SHOE LEARNING CENTER ("BMS") is pleased to enroll the above-named student for the Summer Session(s) noted at the tuition stated above. BMS hereby commits to reserving a space in its program for the above-named student.

The terms and conditions of enrollment are as follows:

1. The above- indicated annual tuition is for the entire Summer Session or Sessions. I/We will not be entitled to any deduction or refund for the absence, extended illness, moving, withdrawal, suspension or dismissal by BMS. I/We understand that BMS reserves the right to terminate this contract if I/We default in payment of tuition, or if BMS determines that such termination is necessary to serve the best interests of the child and/or the school.
2. I/We submit with this Summer Enrollment Contract an advance tuition payment in the full amount due for the Summer Session(s). This advance tuition payment is non-refundable. By initialing this paragraph, I/We indicate agreement that advance tuition payment is non-refundable.

Initials _____

CHECKS SUBMITTED WITH THIS CONTRACT:

1. Check # _____ Amount _____ Dated _____
2. Check # _____ Amount _____ Dated _____

3. In the event that any tuition check is returned from any banking institution for insufficient funds ("NSF"), I/We may be deemed to be in default under this contract and BMS may refuse to permit my/our child to attend BMS. In each event where a tuition check is returned for NSF, BMS will be entitled to a fee of Fifty Dollars (\$50.00) to cover expenses incurred for said returned check, and BMS maintains the right to require all further tuition payments to be made by Certified Check.
4. I/We will submit the necessary Health Examination Form, properly completed, no later than one week prior to commencement of the term, and subsequently will submit all forms, properly completed, as and when required by the NYC Department of Health.
5. I/We have read and will comply with all requirements set forth in the BMS handbook, as well as other policies which may be stabled by BMS from time to time. I have provided a Release for Medical Treatment permitting my child to be treated in an emergency at a hospital which may be more accessible if any emergency arises off premises.
6. I/We agree to provide the names of a sufficient number of people who will be permitted to pick up my child after school in the event I am unable to do so. I understand that I will be charged a \$15 Late Fee if my child is not picked up within fifteen minutes of the end of the program day, a \$75 Late Fee if my child is not picked up within thirty minutes of the end of the program day, and \$100 Late Fee if my child is picked up 31 minutes or more after the end of the program day. Our rate for late fees or extended time during scheduled school hours is \$25 but must be cleared by our administrative team.

7. Code of Conduct: Parents of Buckle My Shoe students must contact the teacher and/or administrators with any concerns in regards to the program. All communication between BMS and parents must be direct and respectful. If a situation requires mediation, BMS administration will meet with parents and teachers. The communication must be respectful at all times or the meeting will be dismissed. Any violation of this school policy will result in the immediate withdrawal of the child from Buckle My Shoe.

I, (Print Name) _____, understand that by contracting to have BMS reserve a place for my child, that space is made unavailable to another child, and I am making a nonrefundable commitment to Buckle My Shoe Nursery School. If for any reason I am unable to fulfill this commitment, including job relocation, moving, family changes or changes in vacation plans, I understand that any tuition paid is NON-REFUNDABLE, and I will not seek refund of tuition.

SIGNATURE _____ DATE _____

CHECKS SUBMITTED WITH THIS ENROLLMENT CONTRACT:

- | | | |
|------------------|--------------|-------------|
| 1. CHECK # _____ | AMOUNT _____ | DATED _____ |
| 2. CHECK # _____ | AMOUNT _____ | DATED _____ |

PARENT AND OR GUARDIAN:

PRINT NAME

PRINT NAME

SIGNATURE

SIGNATURE

HOME ADDRESS:

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____ EMAIL: _____

AGREED AND ACCEPTED: BUCKLE MY SHOE LEARNING CENTER

BY: _____
Linda Ensko, Director

DATED: _____

BY: _____
Administrator

DATED: _____