

TUITION CONTRACT

Child's Name: _____

SCHEDULE

All Summer Camps are M-F 9am-Noon

- | | |
|--|----------------|
| <input type="radio"/> June 9-13 Adventuring | Tuition: \$100 |
| <input type="radio"/> June 23-27 Camping | Tuition: \$100 |
| <input type="radio"/> July 14-18 Superheroes | Tuition: \$100 |
| <input type="radio"/> July 28-August 1 Beach | Tuition: \$100 |
| <input type="radio"/> August 11-15 Zoo | Tuition: \$100 |

Tuition Due Date & Late Fees

- Tuition for each summer camp session is **due two weeks before the session start date.**
- A **\$10 late fee** will apply if payment is not received by the due date.

Deposit & Payment Policy

- A **non-refundable \$25 deposit** is required per session at the time of registration.
- This deposit will be applied toward the total tuition cost.

No Refunds for Absences

- Summer camp tuition is a **flat rate** and will not be adjusted for absences due to illness, vacations, or other personal reasons.

Provider Cancellations & Refunds

- If Bre's Bees Preschool cancels a camp day due to personal circumstances, a **\$20 refund per canceled day** will be provided.

Withdrawal & Cancellation Policy

- A **two-week written notice** is required to withdraw from a summer camp session.
- If cancellation occurs **after the two-week notice period**, tuition remains due in full.

I agree to the terms and conditions set herein.

Date

Primary Signature

Print Name

Secondary Signature

Print Name



CHILD CARE WAIVER OF LIABILITY

Child's First Name: _____

Child's Last Name: _____

Date of Birth: _____

Parents/Legal Guardian

First Name: _____

Last Name: _____

Email: _____

Emergency Contact #1 Name: _____

Number: _____ Relationship to Child: _____

Emergency Contact #2 Name: _____

Number: _____ Relationship to Child: _____

Signature of Parent/Guardian:

Waiver of Liability, and Assumption of Risk & Indemnity Agreement Notice: This is a legal binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Bre's Bees Preschool and its owner and all other persons acting for them, from any and all claims, demands, suits, cost and charges, in connection with Bre's Bees Preschool, LLC., including but not limited to; personal injury, bodily harm, injury or property damage occurring while the above child is in their care at Bre's Bees Preschool.



Student Information

Child's Legal Name:

Birthdate: _____ Age: _____

Does your child prefer to be called
by a name different from the name
listed on their birth certificate?

Yes No

If yes, list the name here:

Who lives in your home?

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Contact Information

Parent/Guardian's Name: _____

Cell: _____ Email: _____

Parent/Guardian's Name: _____

Cell: _____ Email: _____

Who has legal custody of child? _____

What **language(s)** are spoken in
your home?

How often does your child speak
English? (*Circle one*)

Always Sometimes Never

Does your Child have any medically
Diagnosed **allergies** we should be
aware of? Yes No

If yes, please list allergies below:

Does your child require an EPI pen?

Yes No

Student Information

Street Address:

City: _____ Zip: _____

Who will be dropping off and picking up?

Is your child potty trained?

Yes

No

Anything about your child's potty

Training behaviors I should be aware of?

Favorite Activities

List 3 of your child's favorite activities

1 _____

2 _____

3 _____

Strengths

List your child's 3 greatest strengths.

1 _____

2 _____

3 _____

Describe

List 3 words that best describe your child

1 _____

2 _____

3 _____

Likes/Dislikes

What are some you're their likes and dislikes?

Concerns Do you have any concerns about your child's development or anything you feel I need to know about? _____
