



THE LEARNING EXPRESS

PRE-SCHOOL & KINDERGARTEN
300 DARLING STREET, NEWARK DE 19702
PHONE: (302) 737-8990 FAX: (302) 737-0891

<input type="checkbox"/>	Reg. Fee: _____
<input type="checkbox"/>	Book Fee: _____
<input type="checkbox"/>	TE Fee: \$40
<input type="checkbox"/>	Total: _____
<input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Receipt/CK # _____

2024/2025 SCHOOL YEAR KINDERGARTEN ENROLLMENT

Tuesday, September 3, 2024 through Thursday, June 5, 2025

Enrollment Fee Information	
New Student: \$100 per child or \$150 per family.	Book Fee: \$275
Returning Students: \$85 per child or \$150 per family.	Tuition Express Fee: \$40
Enrollment, TE and 1/2 of Book Bill are due at time of registration and are non-refundable.	
The additional 1/2 of Book Bill will be due by July 12th.	

Child's Full Name: _____ **Birth Date:** _____

Home Address: _____ **Phone:** _____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

SS# _____ **OR Driver Lic #** _____

SS# _____ **OR Driver Lic #** _____

Employer: _____

Employer: _____

Work Phone: _____ **Cell:** _____

Work Phone: _____ **Cell:** _____

Email Address: _____

Email Address: _____

How did you hear about The Learning Express? Referred by: _____ Advertisement Other: _____

Please INITIAL these statements to acknowledge your agreement.

____ **Movie Release:** My child may participate in the viewing of movies shown at *The Learning Express Preschool & Kindergarten* I understand the movies will be age appropriate and not exceed 1 hour in length.

____ **Custody/Court Paper Acknowledgment:** I acknowledge that I am responsible for providing the school with up-to-date custody/court papers in the case of divorce/separation/custody issues. Unless *The Learning Express Preschool & Kindergarten* receives papers, we will assume that both parents have equal rights. We will abide by the court papers with which we are provided.

____ **Late Drop Off:** I acknowledge that the academic day starts at 8:30am and my child will be marked late after this time. A valid excuse note will be required if arriving after this time.

PLEASE COMPLETE REVERSE SIDE

TUITION AGREEMENT for 2024/2025 School Year

Session Choice:

- SCHOOL DAY (8:30am - 3:00pm)
- EXTENDED DAY (7:00am – 6:00pm)

Tuition Payment Option Selected:

**Please note: If you have selected the EFT/Credit Card through Tuition Express, you must also complete the Tuition Express Enrollment form.*

- Money Order or Cash
- Check (if 2 checks are returned for NSF, money order is required)
- Automatic Withdraw from Checking - *Tuition Express* (if declined 2 times, money order is required)
- Automatic Withdraw from Credit Card - *Tuition Express* (if declined 2 times, money order is required)
- Point of Sale with Debit/Credit Card through the Procure Parent Engage App

Tuition Payment Schedule:

**Please note: All EFT/Credit Card through Tuition Express and Cash/Money Order payments will be payable according to the Monthly/Weekly schedule that you have chosen.*

- Weekly payments due Thursday for the upcoming week of care
- Monthly payments due on the 1st of the month

Voluntary Withdraw Policy:

Please initial to acknowledge your understanding of this policy.

_____ In order to withdraw from our program or take an extended leave of absence, (minimum of 1 month) TWO WEEKS **written** notice is required. Should the written notice not be received, you will be responsible for paying for two additional weeks.

Please read and sign this agreement:

- I/we agree that I/we will be making tuition payments to *The Learning Express Preschool & Kindergarten* per the Payment Option and Payment Schedule selected above.
- I/we have read, understand, and agree to all annual and additional fees described on the Tuition Information sheet.
- I/we agree that we are responsible for keeping our account current. Should the account become delinquent, I/we understand that I/we will receive notification that services will be terminated until the account is brought current (providing that a position is available at that point). By signing this agreement, I/we acknowledge that I/we would be responsible for all fees resulting from any collections on this account.
- **I/we understand that FULL tuition is due for 38 weeks regardless of holidays/closings or child's absence due to illness.**
- **I have read, understand, and agree to these statements as well as all information included on the Tuition Information sheet. Signature of ALL Responsible Parties is required:**

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

Administrator Signature: _____ Date: _____