



# THE LEARNING EXPRESS

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

<input type="checkbox"/>	Reg. Fee: _____
<input type="checkbox"/>	TE Fee: \$40
<input type="checkbox"/>	Thurgood Marshall
<input type="checkbox"/>	Newark Charter
<input type="checkbox"/>	Aspira
<input type="checkbox"/>	Total: _____
<input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Receipt/CK # _____

## 2024/2025 SCHOOL YEAR SCHOOL AGE ENROLLMENT FORM *Tuesday, September 3, 2024 through Thursday, June 5, 2025*

Enrollment Fee Information	
<b>New Students:</b> \$75 per child or \$85 per family.	<b>Tuition Express Fee: \$40</b>
<b>Returning Students:</b> \$35 per child or \$45 per family.	
<b>All fees are due at time of registration and are non-refundable.</b>	

**Grade 2024/2025:** \_\_\_\_\_

Projected Start Date: \_\_\_\_\_ *All forms must be completed, signed & returned prior to start date.*

**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:** \_\_\_\_\_

**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* 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* receives papers, we will assume that both parents have equal rights. We will abide by the court papers with which we are provided.

***PLEASE COMPLETE REVERSE SIDE***

# TUITION AGREEMENT for 2024/2025 School Year

## BEFORE & AFTER CARE

- Before & After
- Before Only
- After Only

## 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
- Check (if 2 checks are returned for NSF, money order is required)
- EFT from Checking - *Tuition Express* (if declined 2 times, money order is required)
- EFT from Credit Card - *Tuition Express* (if declined 2 times, money order is required)
- POS Debit/Credit Card through our online myprocare.com portal

**\*Weekly payments due Thursday for the following week of care**

### Voluntary Withdraw & Extended Leave Policy:

*Please initial each statement 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.

\_\_\_\_\_ Those families taking an extended leave who wish to secure a position in their child's current classroom must pay FULL tuition amount for all weeks of the absence PRIOR TO LEAVING.

## Please read and sign this agreement:

- I/we agree that I/we will be making tuition payments to *The Learning Express Preschool* 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 childcare 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 40 weeks regardless of 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: \_\_\_\_\_