



Louetta ENROLLMENT AGREEMENT

2015 – 2016

Tuition, Uniforms, Calendar

IMMERSION LEARNING PROGRAM

BILINGUAL PRESCHOOL

Updated on 11/11/2015
(832) 808-2554

ENROLLMENT AGREEMENT 2015-2016

Crossing Borders and its independently owned and operated franchises do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA) is available from the Director.

For Director's use only

First Day of Attendance _____ Last Day of Attendance _____

This is a legal contract. All pages of the agreement are binding. You are entitled to a copy of the agreement and any other papers you sign.

Please fill out one form per child.

This Agreement is between Crossing Borders (the "Center") and _____
 _____ (the "Parents/Guardians").

Student's full name _____ ("The child")

Home address _____

City _____ State _____ Zip code _____

Program Information

Schedule enrolling for: ☐ Full Day 9 a.m. - 4 p.m. (Before Care 7a.m. – 9 a.m. After Care 4 p.m. – 6 p.m.)

Before and after care is available for full day students as part of their monthly rate.

☐ Partial Day 9 a.m. - 2 p.m.

Days enrolling for: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Program enrolling for: ☐ Spanish Immersion

Option enrolling for: ☐ 5 days ☐ 3 days ☐ 2 days

Tuition & Fee Information

Annual Application/Registration Fee: **\$75 per student or \$100 per family**

Full Day Program 9 a.m. – 4 p.m. – Pricing includes extended hours from 7 – 9 a.m. and 4 – 6 p.m.

PROGRAM * FULL DAY *	TUITION PER MONTH	TUITION PER WEEK	MATERIAL/CURRICULUM FEE: NON-REFUNDABLE
2 Days per week (Tue & Thu)	\$390	\$100	Free
3 Days per week (Mon, Wed, & Fri)	\$585	\$145	Free
5 Days per week (Mon – Fri)	\$750	\$185	Free

Partial Day Program – 9 a.m. – 2 p.m. with no extended hours

PROGRAM * PARTIAL DAY*	TUITION PER MONTH	TUITION PER WEEK	MATERIAL/CURRICULUM FEE: NON-REFUNDABLE
2 Days per week	\$250	\$75	Free
3 Days per week	\$375	\$100	Free
5 Days per week	\$625	\$160	Free

Snack & Lunch 2015-2016

_____ Crossing Borders does not offer snacks or lunch for children. Parents must provide daily snacks and lunch. There is an on-site water fountain for drinks. I understand that if my child comes to school without snacks and/or lunch, Crossing Borders will provide them with a snack and/or lunch that day. I understand that Crossing Borders will charge my credit/debit card on file \$15 on the same day of this service.

Child's full name _____

Director's Initials _____

Policies

Please initial each section listed below and sign and date each page.

A. BASIC SERVICES

_____ I understand that Crossing Borders will provide a language immersion program appropriate for the ages of the children enrolled.

_____ I understand that each child will be placed in a group of peers based on age and the number of students enrolled as determined by the staff of Crossing Borders.

_____ I understand that children will receive assistance with personal care as needed.

_____ I understand that Crossing Borders and the staff will make reasonable efforts to safeguard children's personal belongings but will not be responsible for lost or broken items. I agree to pay for any damages or loss caused by my child to Crossing Borders or to its property.

_____ I understand that Crossing Borders or any staff member will report any suspicions of child abuse, neglect or endangerment to appropriate authorities in accordance with state and/or federal law.

_____ I understand that if I desire to change my child's schedule after his/her first day in attendance, I must provide 30 days of advance notice and pay a \$50 schedule change fee.

_____ I understand that approval for a schedule change is at the discretion of the Center Director, and is subject to space availability.

_____ I understand that when Crossing Borders refers to "school year," it means: **August 17, 2015 through May 27, 2016.**

_____ I understand that when Crossing Borders refers to "summer program," it means **May 31, 2016 through the August 2016 academic year start date.** Summer programs will be offered to currently enrolled students at the regular monthly tuition fee.

_____ I understand that I shall notify the Center Director by May 1, 2016, if I wish my child to keep his/her spot during the summer program.

_____ I understand that if my child was enrolled and began attending by August 17, 2015, I have the option of taking up to two consecutive weeks off during the summer. To avoid being charged for this time, my account must be current and I must give written notice of which weeks my child will not be in attendance at least 30 days in advance.

_____ I understand that if I choose to not utilize the two-week summer vacation option, the two weeks do not carry over from one year to the next.

_____ I understand that I have the option to continue my preschool schedule during summer at preschool prices, or I can alter my summer schedule and pay Summer Camp Prices.

B. PAYMENT PROVISIONS

_____ I have elected to make:

☐ **One payment** for the entire school year tuition fee with an 8% discount on tuition only at the time of enrollment for students starting by September, 2015. Payable by cash or check.

☐ **Two equal payments** with a 4% discount on tuition for students starting by September, 2015. Payable by cash or check. The first installment is due at the time of enrollment and the second installment is due on **December 18, 2015.**

☐ **Ten equal payments** with no discount, drafted from my credit/debit card following the Payment Calendar.

☐ **Eleven equal payments** every four weeks (partial day only) with no discount, drafted from my credit/debit card following the Payment Calendar.

_____ I understand that no student will be allowed to begin school without having paid all applicable fees.

_____ I understand that **after the first day of attendance, the curriculum, application, and first month tuition fees will not be refunded** nor will they be prorated in any situation.

_____ I understand that there is no reduction in the tuition fee for holidays, closing dates, sickness, personal trips, and/or emergency closings. All holidays and closing days were taken in consideration when the annual tuition fee was calculated.

_____ I understand that the Enrollment Agreement will be renewed annually. Annual Application fees will be due at the time of initial registration and when securing your child's enrollment for the following school year. This fee is non-refundable. I may guarantee my child's enrollment for the following school year by paying the full Annual Application fee by the end of February each year.

_____ I understand that I must pay an Annual Curriculum fee. This fee is non-refundable and due at time of enrollment. This fee only covers curriculum development and consumables used in class. This fee does not cover the cost of special events, or uniforms.

_____ I understand that students starting after **November 1, 2015** will have their curriculum and application fees pro-rated.

_____ I understand that each scheduled payment will be drafted automatically from my credit/debit card according to the payment option selected. First month tuition is not refundable in any situation

_____ I understand that I have to pay a non-sufficient funds fee of \$25 per transaction if a payment is declined by my bank.

_____ I understand that if my account is delinquent for a week, I may be asked to withdraw my child until my account is made current. I understand that Crossing Borders cannot guarantee my child's spot if he/she is withdrawn for four weeks due to non-payment of the tuition fee.

_____ I understand that if my child is withdrawn for more than four weeks and I want my child to be readmitted by the center, I must pay all past due fees and a new application fee for my child to be admitted back to class. _____ I understand that his/her readmission will depend on availability.

_____ I understand there is a tuition discount of 10% for my second child and for each additional sibling in this program. The discount will be applied to the lowest tuition fee.

_____ I understand Crossing Borders is **open from 7:00 am to 6:00 pm, Monday through Friday**, all school year, except for holidays or days when the center is closed. I understand that if I fail to pick my child up by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes (per child) until the child is picked up.

_____ I understand that if my child is attending a half day program and I drop off before 9:00 am or fail to pick up my child by 2:00 pm I will be charged \$10 per each 60 minutes until 6:00 pm. After 6:00 pm, the preceding paragraph will apply. The child will be waiting at the Center Director's office.

_____ New students can join at any time during the calendar year.

_____ When I am provided periodic progress reports and report cards, I will review, sign and return within five days. I will be given a copy to keep. If it is not returned and it needs to be recreated, a \$100 fee will be assessed to my account.

C. STUDENT RETENTION & WITHDRAWAL

_____ I recognize that this enrollment agreement is for the entire School year of 2015-2016.

_____ I agree to pay all charges from my child's start date on _____, whether or not my child is absent for any reason.

_____ I agree to pay the tuition fee and all other applicable fees listed on the Pricing List. The tuition fee will remain the same from my child's start date of _____ through **July 2016**, regardless of any changes in the price list, as deemed appropriate by Crossing Borders.

_____ I understand that Crossing Borders reserves the right to cancel my child's enrollment if Crossing Borders has not received this Enrollment Agreement and the Child Safety and Care Package signed prior to the first day of attendance.

_____ I understand that retention of my child during a school year and his/her re-enrollment for any subsequent school years remain conditional upon timely performance of the financial obligations stated in this agreement and the academic and behavioral performance of my child, consistent with Crossing Borders' standards (as specified in the Parents' Handbook).

_____ I understand that Crossing Borders and the staff, in their sole discretion and opinion, reserve the right to dismiss either temporarily or permanently any student when that student's interests (welfare) or those of the Center's would be served best by such action. Alternatively, Crossing Borders and I may make a mutual decision that my child's interests (welfare) or those of the Center's would be served best by his/her withdrawal. In the event of permanent dismissal by Crossing Borders or a withdrawal resulting from a mutual decision by Crossing Borders and myself, under this paragraph, I agree to pay the non-refundable curriculum and application fees, plus the pro-rated tuition rate, beginning with his/her start date of attendance until the dismissal or withdrawal date.

D. CANCELLATION & REFUND POLICIES

_____ I understand that enrollment may be cancelled without financial penalty (except forfeiture of the application and curriculum fees) if a written withdrawal notice is received by Crossing Borders prior to my child's scheduled first day of attendance.

Child's full name _____

Director's Initials _____

_____ I also understand that I have the right to withdraw my child at any time during the school year after the first day of attendance.

_____ I understand that a 30-day written notice (on or before the first of the month, for the following month) is required. Tuition fees for the following month will still be drafted if I withdraw my child before notice is given, or at any given time during the notice.

_____ I understand that the 30-day written withdrawal notice does not need to be in any particular form and, however expressed, it is effective if it shows that I no longer wish to be bound by the Enrollment Agreement.

_____ I understand that the withdrawal may occur when I provide a 30-day written notice of withdrawal delivered by mail to the following address: Crossing Borders – 2040 Louetta Rd. Suite “I”, Spring, TX 77388. This can also be delivered by hand to the Center Director or by e-mail at: accounting@crossingbordersgroup.com.

_____ I understand that there are no refunds of the curriculum, application, or first month fees in any situation.

_____ I understand that if I have elected to make one or two tuition payments (pre-paid tuition), I may be entitled to a partial refund of the tuition fee in the case of withdrawal or dismissal.

_____ I understand if I have elected to make one or two tuition payments (pre-paid tuition) and I decide to withdraw my child from the program, any difference between the current tuition fee and the tuition paid in previous months must be paid at time of withdrawal.

_____ I also understand that my rights to any pre-paid tuition are limited to the right to receive a refund provided in this agreement, without interest, with a 30-day written notice. Crossing Borders will deduct any unused tuition or other unpaid fees prior to releasing residual funds.

_____ I understand that if the Enrollment Agreement is cancelled, a check for any amount due to me according to this Agreement will be sent by mail 45 days after the student’s withdrawal or dismissal becomes final.

E. DAILY PROCEDURES & POLICIES

_____ I agree to sign my child in and out every day using Crossing Borders’ attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per instance. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the Center to drop off and pick up my child and that I must escort my child to and from the designated classroom and/or staff member each day.

_____ I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly or make arrangements for an authorized emergency contact person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify Crossing Borders and I understand that my child will be re-admitted according to the re-admission criteria in the Parents’ Handbook.

_____ The company, its agents, affiliates, franchisees, and licensees, ☐ may ☐ may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity, or any other lawful purpose.

_____ I understand and agree that, in consideration of the privacy of other children, I am NOT allowed to photograph, videotape, or audio record other children in the Center.

_____ I understand that the state child care regulatory enforcement and administration agency and the local department of child protective services have the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the center, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by Crossing Borders.

_____ I hereby ☐ do ☐ do not grant permission for my child to participate in supervised water-table and sprinkler play activities planned by the Center.

_____ I understand that Crossing Borders Preschool is a nut free facility and agree to not send any nut based products with my child. I also agree to not bring products from Chick-fil-A, which uses refined peanut oil in its cooking practices.

F. OBLIGATIONS OF PARENTS

_____ I will furnish required medical information prior to the first day of attendance for my child, and regularly thereafter;

_____ I will notify Crossing Borders when a person not previously authorized in writing will pick up my child. I must call the center directly and then add that person via writing to the authorized people’s pick-up list.

_____ I will dress my child with the Center’s uniform following guidelines in the Parents’ Handbook, during the entire academic year. If my child is not in uniform, I will be asked to pick up my child or bring a uniform to the school for my child to change into.

_____ I will attend parent conferences when requested.

_____ I will keep enrollment information current.

Child’s full name _____

Director’s Initials _____

_____ I will respect the cultural diversity nature of Crossing Borders programs.

_____ I will refrain from reprimanding or disciplining children of other families while on the Center premises unless there is imminent danger to the student(s).

_____ I will abide by all rules and policies in the Crossing Borders Handbook.

G. HOLIDAYS, ABSENCES, AND CLOSINGS

_____ I understand that Crossing Borders is closed on the following days: Labor Day, Thanksgiving Day, Day after Thanksgiving, the two weeks of the local school district's Winter Break, Good Friday, Memorial Day, and the 4th of July. Crossing Borders will also be closed two weekdays during the year for staff development training. A minimum two week advance notice will be given for the date of the trainings. Crossing Borders may occasionally close early for staff development training. School closings outside of this list will be posted on the Center's calendar. I agree that I will not receive a refund, credit, or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ I agree to inform Crossing Borders immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absences (i.e. sickness). My regularly contracted tuition is due every day, even when my child does not attend.

_____ I understand that it is Crossing Borders' intention to be open and provide service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact Crossing Borders to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the Center is closed for an extended period of time, I will still be responsible for my tuition payments.

_____ I understand that Crossing Borders will follow the local school district's lead on closures for inclement weather. Although our staff will make their best effort to notify families of the school closing via social media and/or company websites, it is the parent's responsibility to check the local school district, news outlets, radio stations, for notification of district closure.

H. TERMINATION OF ENROLLMENT

I understand that enrollment may be terminated if:

_____ Payment is delinquent for a month.

_____ I, or my child, fail to comply with this Agreement, the Parents' Handbook, or any other rules of Crossing Borders.

_____ Crossing Borders, in its sole discretion, determines it is unable to meet the needs of my child, or that it is not in the best interest of the Center nor in the in the best interest of the other children who are enrolled to have the child continue in attendance.

_____ My child has a serious illness.

_____ My child is not in attendance for 30 (thirty) consecutive days without notice (excluding holidays and vacation periods.)

_____ Crossing Borders and its staff, retaining the sole right and responsibility, determine any disputed factual matters regarding termination of enrollment.

I. MEDICAL TREATMENT AUTHORIZATION

_____ I understand that Crossing Borders is authorized to secure such emergency medical treatment as may be required. I agree to pay all expenses incurred in connection with such emergency medical treatment. I understand that Crossing Borders will use its best efforts to immediately notify a parent or a person designated in the emergency contact list to be called in case of emergency.

_____ I authorize any licensed physician or medical center to treat the Child in case of an emergency.

J. HEALTH CERTIFICATION

_____ I state that my child has been examined within the past year by a licensed physician and is able to participate in the early childhood/preschool program at Crossing Borders. I will provide Crossing Borders with a "Medical Information/Immunization Record" form prior to the first day of attendance for my child, completed and signed by the child's physician.

K. STATE LICENSING AND OUR POLICIES

_____ I understand that the above policies are not an all-inclusive list of policies and that my child, my family members, authorized agents, and I are bound by state child care regulations, the Parents' Handbook, and all other policies of Crossing

Child's full name _____

Director's Initials _____

Borders, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ I have received a copy of the Parents' Handbook. I have read and understand its contents and policies and agree to be bound by the same.

_____ No terms of this Agreement may be altered, revised, modified, or deleted by any person, except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

L. OTHER TERMS/SIGNATURES

_____ I will cooperate with the policies of Crossing Borders, perform the obligations of parents set forth in this Agreement, and abide by the rules, regulations, and policies provided by Crossing Borders.

_____ I will not employ or attempt to employ any person employed by Crossing Borders during their employment and for a period of twelve months after their employment by Crossing Borders is terminated.

_____ I understand and will comply with the policies included in the Enrollment Agreement and the Parent's Handbook.

_____ I hereby release Crossing Borders and its owners, officers, staff, and volunteers from any liability for injury or damages of any kind not resulting from gross negligence.

_____ I understand that I will pay all costs of collection of amounts due under this agreement, including, without limitation, reasonable attorneys' fees and court costs. This agreement shall be effective and binding upon the parties hereto, both individually and as guardians of the child.

_____ I have read, understood, and agreed to the terms and conditions contained herein and with my signature I certify having received a copy of this Enrollment Agreement and a copy of the Parents' Handbook.

_____ I further acknowledge that no verbal statements have been made contrary to what is contained in this agreement. This Enrollment Agreement is a legally binding contract when signed by me and accepted by Crossing Borders.

THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT SUBJECT TO AMENDMENT OR MODIFICATION BY ORAL AGREEMENT.

My signature below certifies that I have read, understood, and agreed to my rights and responsibilities and that Crossing Borders' cancellation and refund policies have been clearly explained to me.

Parent/Guardian's Signature _____ Date _____

Center Director's Signature _____ Date _____

Child's full name _____

Director's Initials _____

Automatic Payment Authorization Form

As a requirement for your child to be part of our Language Immersion Learning Program, you must complete this Automatic Payment Authorization Form. Upon approval, we will automatically bill you according to the Payment Calendar for the amount indicated in the option of your selection. Your total charges will appear on your monthly bank statement coming from "Johnson's Language Company."

Customer Information

Student's full name _____

Responsible party _____ Phone number _____

Tuition Payment Calendar – Please choose one

- ☐ **10 payments** on the 25th of each month (applicable to the next month's tuition) – following the Monthly Payment Calendar attached. **Only August Tuition will be pro-rated!**
- ☐ **One payment** – July 24th, 2015 – with 8% discount on tuition – *Only for full time, 5 days per week students who start in August 2015 (amount calculated adding the 10 payments of tuition minus the 8%)* Only to be paid by check, cash or money order!
- ☐ **Two payments** – July 24th, 2015 and December 18th, 2015 – 4% discount on tuition – *Only for full time, 5 days per week students who start in August 2015 or January 2016 (each amount calculated adding 5 payments of tuition minus the 4%)* Only to be paid by check, cash or money order!

Curriculum Fee Payment Calendar – Please choose one

- ☐ **1 payment**, together with first tuition payment, for the whole year.
- ☐ **4 payments**, every 3 months, starting with first tuition payment.

POLICIES – Please Initial

_____ *If automatic payment is declined on the day of payment, a non-sufficient funds fee of \$25 will be applied immediately.*

_____ *If payment day falls on a weekend, holiday or office closed day, charge will be made on the previous working day. (See Automatic Payment Calendar)*

_____ *I understand that I have the option to continue my preschool schedule during Summer at preschool prices, or I can alter my summer schedule and pay Summer Camp Prices.*

Authorization

I authorize Johnson's Language Company to automatically initiate debit entries to my account at the financial institution indicated below and to debit the same to such account in accordance with any amounts owed to Crossing Borders.

Frequency: ☐ Monthly Start Billing on _____ First Day of Classes _____

This authorization is to remain in full force and effect until such time as the Enrollment Agreement is terminated and all obligations are met by both parties.

Account Information – Please choose one

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Account holder _____
(as shown in the monthly statement)

Card number _____

Expiration date _____ Verification code _____ Zip code on statement _____
(3 digits in the back of the card/ 4 in the front of an AmEx)

Cardholder Signature _____

Payment Calendar

School Year Start date: August 17th, 2015

School Year end date: May 26th, 2016

Payment	Month Covered	Payment due Date
1	Aug 17 th – 31 st , 2015 (<i>PRO-RATED Tuition</i>)	July 24 th , 2015
2	September 2015	August 25 th , 2015
3	October 2015	September 25 th , 2015
4	November 2015	October 23 rd , 2015
5	December 2015	November 25 th , 2015
6	January 2016	December 18 th , 2015
7	February 2016	January 25 th , 2016
8	March 2016	February 25 th , 2016
9	April 2016	March 25 th , 2016
10	May 2016	April 25 th , 2016