

Brown/Fox Point Early Childhood Education Center
2023 / 2024 Tuition Agreement
(Effective 7/1/2023)

*Please read carefully, complete and sign this form
and return it to the Office within one week of receipt.*

1. I understand that the full tuition at Brown/Fox Point is \$1575 per month. My family has been awarded \$_____ per month in financial aid or receives DHS-CCAP subsidy. Therefore, my monthly tuition fee or co-payment is \$_____.
2. I agree to pay my child's monthly tuition fees as billed by the 7th of each month. I recognize that my tuition payments will be considered delinquent if received after the 7th of the month. I understand that I will be billed monthly through **Procare** and I will have the option of paying fees electronically by ACH, credit or debit card. I will be charged a 1% (one percent) technology fee for each electronic (online) payment. I may also opt to pay by paper check or cash, for which there is no fee.
3. I understand that, if I make more than three delinquent payments, I may be asked to withdraw my child from the program.
4. I understand that if I leave Brown/Fox Point with an unpaid balance, my account will be placed with a debt collector after 30 days of continued non-payment.
5. I understand that I am responsible for tuition payments for a full 50-week/12-month year even if my child does not attend for certain days or weeks within the year.
6. I understand that I may suspend my child's enrollment and tuition payments for two full weeks (must be Monday-Friday) during each enrollment year. These two weeks of my choice must be planned and requested in advance and in writing to the executive director.
7. I understand that BFP is closed two weeks per year (August and December) and that the cost of these weeks is not included in my tuition.
8. I agree to give a minimum of one month's written notice if I decide to withdraw my child from the program at any time during the year. I understand that my deposit will be applied to my child's last two weeks in the program. Without such notice, I understand that I will forfeit my deposit. I also agree to pay tuition fees for that month even if my child does not attend.
9. I understand that the terms of this agreement may be revised with notice. This agreement is also subject to the direction from the RI Office of the Governor and/or the Department of Health, to the extent that such direction relates to the health and safety of B/FP's students, their families, and teachers.

Child's Name — Please print clearly.

Parent/Guardian Name — Please print.

Parent/Guardian Signature

Today's Date