FRIENDSHIP CENTER, INC.
CONTRACT AGREEMENT
Monday, August 31, 2026 Thru Thursday, June 17, 2027

Name of Child_____ G/B_____ Birthday_____

Parent Full Names & Phone#s_____

Address_____

E-Mail Address(es)_____

Age Group: 2-3_____ 3-4_____ Pre-K_____

Days Attending: **M T W TH F**
(Circle all that apply)

Full Time
Hours of Operation
7:00am-6:00pm

Circle One Option Below:

5 days/week $1,574/month

4 days/week $1,506/month

3 days/week $1,255/month

2 days/week $855/month

A $50.00 non-refundable Registration Fee is due upon application for enrollment (please make check payable to **Friendship Center**).

I understand that I am responsible for my bill. I am aware that monthly tuition payments are due on the first of each month; however, if payments are not made by the 15th of each month, then a late payment fee of $15 will be assessed. I also understand that if a balance remains unpaid on the last day of each month, then childcare services will be suspended, and any unpaid balance that remains after 60 days will be turned over to a collection agency. I further understand and agree that if any outside agencies or attorneys are necessary to collect what I owe the Friendship Center, it will be my responsibility to pay all costs, attorney fees and/or collection fees.

TUITION PAYMENT OBLIGATION: The monthly tuition rate set forth above is a fixed monthly fee and is due and payable in full on the first of each month, regardless of the number of days or hours the child attends in that month. There are NO credits, deductions, adjustments, or refunds for absences, illness, holidays, inclement weather closings, school delays, or any other days or time during the school year when the child does not attend. The monthly rate is the rate – no exceptions. The sole limited exception is the one (1) week vacation credit described below, which is subject to strict terms and conditions.

VACATION CREDIT – STRICTLY LIMITED: Each enrolled child is permitted one (1) week of vacation credit per school year (September 1, 2026 through June 17, 2027), subject to the following conditions: (i) the vacation must be taken as ONE (1) consecutive calendar week – individual days, split days, and partial weeks do NOT qualify and NO credit will be applied for non-consecutive absences; (ii) a written request must be submitted to the Center at least two (2) weeks prior to the start of the vacation week – late requests will be denied; (iii) the vacation credit must be used on or before June 17, 2027 – any unused vacation credit is FORFEITED as of that date, carries no cash value, does not carry over, and no credit or refund shall be issued for unused vacation; and (iv) the credit will be applied to the applicable month's invoice on a pro-rated basis for contracted days only, and

only after the vacation week has been completed. THERE IS NO OTHER CREDIT OR DEDUCTION OF ANY KIND AVAILABLE DURING THE SCHOOL YEAR.

DISMISSAL FOR BEHAVIORAL ISSUES – REFUND POLICY: In the event that a child is dismissed from the Friendship Center for behavioral reasons or any other cause at the discretion of the Center, any refund of tuition for the remaining days of the month in which the dismissal occurs shall be at the SOLE AND ABSOLUTE DISCRETION of the Friendship Center. The Friendship Center has no obligation, express or implied, to refund any portion of the monthly tuition. Any determination by the Friendship Center regarding a refund – whether in full, in part, or none at all – shall be final and binding. By signing below, Parent/Guardian expressly acknowledges and agrees that dismissal does not entitle the family to any refund of any kind, and that any refund is a discretionary act of the Friendship Center only.

I also agree that if my child is not picked up by 6:00 p.m. a $10 late pick-up fee will be assessed for the first fifteen minutes and $1 each additional minute after 6:15p.m. If needed, extended time is available at a rate of $10.00/hr (please see director for approval).

Registration Fee_____ Check #_____ Check Date_____

My Child will begin attending The Friendship Center on _____.

Signature of Parent_____Date_____

Print Name of Parent_____